

For information concerning Admissions to [Baylor College of Dentistry](http://www.tambcd.edu), print this form and mail to:

Admissions
Baylor College of Dentistry
P.O. Box 660677
Dallas, Texas, USA 75266-0677
admissions@tambcd.edu

Admissions Information Request Form

Date

Name

First

Middle

Last

Present Address

Street 1

Street 2

Bldg/Rm

City

State

Zip/Postal

State of Residence

Country

Phone

Planned Year of Entry

DAT Date

High School: Grad Year

College: Grad Year

Career Interest: Dental Hygiene Both

Spoke to a Health Professions Advisor: Yes No

Sex: Male Female (Optional)

Race or Ethnic Group:(Optional)

Am. Indian

Alaskan Native

Black

Asian

Hispanic

White