

CLAS Academic Advising Center

Academic advising for students pursuing majors and/or minors offered by the College of Liberal Arts and Sciences
Call Us: (616) 331-8585 • Visit us On-line: www.qvsu.edu/clasadvising

Dental Student Information Sheet

Full name _____ DATE: _____

G# _____ AADSAS ID# _____

Address: Campus Summer (If different)

_____	_____
_____	_____
_____	_____

Telephone: () _____ E-Mail: _____

Major(s): _____ Minor(s): _____

Academic Advisor: _____ Cum GPA: _____ SCI GPA: _____

Who do you plan to have write your letters of recommendation?

- 1.
- 2.
- 3.
- 4.
- 5.

Professional:

1. Why do you want to be a dentist?
2. What experiences do you have that confirmed your choice of this profession?
3. What makes you a qualified, competitive applicant?

4. What do you see yourself doing 10-15 years from now?
5. What will you do if you are not accepted?
6. To which professional schools do you plan to apply? Give a brief reason for each.

Personal:

1. List four or five **words** that accurately describe you.
2. What do you consider to be your greatest strength(s)?
3. What do you consider to be your weakness(es)?
4. What do you consider to be your greatest achievement(s) to this point in your life?
5. What special interests, hobbies, ways of relaxing do you have?
6. What extra-curricular, organizational, and/or volunteer activities do (have) you participated in?
7. Do you prefer to work in groups or alone? Why?
8. Do you think your GPA is an accurate reflection of your ability? If not, why not?
9. What 3 things would you want an admissions committee to remember about you?

Optional:

1. What, if any, unique obstacles have you faced and overcome in your life?

ALL INFORMATION WILL BE KEPT CONFIDENTIAL IN YOUR PERSONAL HEALTH PROFESSIONS FILE.

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