UCSF School of Dentistry

Disclosure of Disciplinary Action

Instructions: You need to provide this form to *all* college institutions you will have attended prior to matriculation into the UCSF School of Dentistry. Make copies as needed.

1. Provide your name and contact information. The Student ID is that of the college/university the form is being sent to.
2. Sign and date the Waiver of Access.
3. Submit the form to the office in charge of administrative records at the college or university you attended so that they may complete Part II and return it to UCSF.

Name: _____ Student ID: _____
Last First MI

Current Address: _____
Street

Permanent Address: _____
City State Zip Code Current Phone

_____
Street

_____
City State Zip Code Permanent Phone

WAIVER OF ACCESS

I have requested that this certification form be completed for use in the admissions process to the UC San Francisco School of Dentistry.

- ☐ I waive access to this form and any information included with the form. The form must be sent directly to UCSF School of Dentistry by the institution completing the form.
- ☐ I do not waive access to this form. The results of this form and any information included with the form may be available to the school student if the student makes a written request to the Director of Admissions at the UCSF School of Dentistry. Only students enrolled at the UCSF School of Dentistry may request a copy of this form

_____ _____
Applicant Signature (required) Date

Part II: Completed by the representative of the School

School Name: _____

Is this individual currently enrolled? _____Yes (in good standing) _____No Last enrolled: _____

1. Was this individual ever disqualified, suspended, dismissed, or otherwise subject to disciplinary action at your institution in connection with his/her academic performance? _____Yes ____No
2. Was this individual ever found to have violated a school rule, policy or procedure, or an honor code; otherwise disqualified, put on probation, suspended, dis- missed, expelled; or otherwise been subject to disciplinary action at your institution in connection to misconduct? _____ Yes _____No

If you answered <u>yes</u> to either of the above questions, please attach a written explanation on school letterhead.

Name: _____ Title: _____

Signature: _____ Date: _____

Telephone: _____ Email: _____

Please place your school seal or stamp on this form and return it to: UCSF School of Dentistry Office of Admissions & Outreach at: Admissions.UCSFDental@UCSF.edu. Please contact Ms. Daliah Williams, Manager, Operations and Data at: daliah.williams@ucsf.edu if you have any questions about completing this form. Thank you for your assistance.