



Supplemental Form #1

A Supplementary Information Form must be completed by applicants to the Doctor of Dental Surgery (D.D.S.) Program, and returned to the Faculty of Dentistry, Dalhousie University, Halifax, Nova Scotia B3H 4R2

Name: _____

Work experience (paying jobs) held during academic session and summers (length of time, hours per week) or full time:

If you are not attending university, indicate full time employment (type of employment, dates of employment):

Volunteer, community or institutional service (please give details and references):

Clubs, Societies (note offices held, if any), sports, group activities, participation in hobbies and other leisure time activities:

Any other factors, special circumstances or accomplishments (e.g. scholarships, awards received) which you wish to have taken into consideration during the review process:

The Faculty of Dentistry is committed to increasing the number of qualified Dentists who belong to African Nova Scotian or aboriginal peoples of the Atlantic Region. The Faculty of Dentistry policy on affirmative action for admission is outlined in the Faculty of Dentistry calendar. Applicants from these groups who wish their application to be considered under the affirmative action policy should write a letter to the Admissions Committee stating their status.