

101 Vera King Farris Drive | Galloway NJ 08205-9441  
[stockton.edu](http://stockton.edu)

## DUAL DEGREE DENTAL PROGRAM APPLICATION OPEN TO STOCKTON STUDENTS IN THEIR 4<sup>TH</sup> SEMESTER

### Minimum Eligibility Requirements

- Must have earned and maintain a minimum cumulative and science GPA of 3.5 at Stockton and a Science GPA of 3.65
- Must have completed at least two semesters of General Biology with lab, two semesters of General Chemistry with lab, two semesters of Organic Chemistry, Calculus I and II (or Calculus I + Statistics), and one semester of English.
- Must have completed two semesters of General Physics and labs.

For applicants with AP credit in Bio, Chem or English, or Physics, please refer to the AP credit policy located in the [Articulation Agreement Requirements](#) outlined on the Health Professions website.

All questions regarding the dual dental degree program may be directed to:

Dr. Elizabeth Pollock  
Associate Professor of Chemistry  
Coordinator of Health Professions Committee  
USC1 - 215  
[Elizabeth.Pollock@stockton.edu](mailto:Elizabeth.Pollock@stockton.edu)  
609-626-3573



## **Extracurriculars (Con't)**

Choose three of the above extracurricular activities you consider to be the most meaningful and take up to 1250 characters to explain why that experience was particularly impactful.  
*Multi-line text field below with scrolling functionality.*

## **Work experience:**

List part time / full time / volunteer / military experience starting with the most recent.

## Personal Statement

**Please attach the personal statement you intend to submit to the Medical/Dental School of your choice.**

List two people who have provided you with feedback on your personal statement. In just a few words, explain why you felt they could provide helpful advice on the statement.

*Multi-line text field below with scrolling functionality.*

## References

List the names and addresses of three references who will be submitting letters of evaluation for you (**preferably teachers or professors you know well**). Letter writers can submit reference letters directly to Elizabeth Pollock at the address below.

### Return form to:

Elizabeth Pollock – USC1 - 215  
101 Vera King Farris Dr.  
Galloway, New Jersey 08205

Elizabeth.Pollock@stockton.edu

## AGREEMENT

In order for Stockton University to assist me completely and effectively in gaining admission to schools of health profession education, I hereby knowingly and willingly waive any right of access of confidential letters or memoranda of recommendation received by the Stockton University Health Professions Committee, and further waive any right of access to letters or memoranda of recommendation sent in or given at my request by the said Committee to schools of health profession education to which I am applying for admission at the time of application or at any time thereafter.

I understand that I may request a list of persons supplying letters of recommendation submitted to the Committee or given by the Committee in regard to my application for admission to schools of health profession education.

I, the undersigned, have read this waiver and understand its terms. I execute it voluntarily and with full knowledge of its significance.

IN WITNESS WHEREOF, I have signed the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
(Signature of Student)

**NOTE: This form follows the form recommended by the State Attorney General's Office of New Jersey, and it waives your rights under the Freedom of Information Act. Signing this waiver means that your pre-medical file, including letters of reference, will be confidential.**