



**Candidate section**

Please type or print your name.

\_\_\_\_\_

(Last name)

\_\_\_\_\_

(First name)

Graduate program for which you are applying \_\_\_\_\_

Applicants are required to disclose all information relating to any disciplinary action whether it resulted in a sanction or not. Applicants have a continuing obligation to disclose all disciplinary history (whether final or not) prior to actual enrollment in the Indiana University School of Dentistry. Failure to disclose will result in further investigation and may lead to withdrawal of admission or other sanction. I hereby request that my disciplinary record be released to Indiana University School of Dentistry.

Candidate signature \_\_\_\_\_

**School section**

1. Has this student ever been subject to disciplinary action at your school in connection with academic performance?

Yes            No

If you answered yes to the previous question, enter an explanation here regarding each such disciplinary action. Include:

- A brief description of the incident that was the basis of for the disciplinary action
- The specific charge(s) made
- The disciplinary action taken

2. Has this student ever been subject to disciplinary action at your school in connection with conduct or behavior?

Yes            No

If you answered yes to the previous question, enter an explanation here regarding each such disciplinary action. Include:

- A brief description of the incident that was the basis of for the disciplinary action
- The specific charge(s) made
- The disciplinary action taken

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Printed name of school official

Signature of school official

**School seal required over signature**

Title \_\_\_\_\_ Date \_\_\_\_\_

Institution name: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

Please return this form in a sealed and signed envelope to:

**Indiana University School of Dentistry  
Office of Graduate Education, DS 280B,  
1121 W. Michigan Street  
Indianapolis, IN 46202**