

DENTAL ADMISSION TEST SCORE REPORT REQUEST FORM

Use to request score reports **after** submission of DAT application.

Name: (at time of test)		
Current name:		
Street Address		
City		
State	Social Security # or Social Insurance #	Date of Birth
Zip Code	Test Date	

Place a checkmark by the dental school (s) you wish to send your test results. Score reports are \$25 per copy, payable by money order to the American Dental Association. Personal checks or cash are not accepted. All U. S. dental schools require that official DAT scores be sent directly from the Dental Admission Testing Program.

You should confirm the accuracy of your score report request. Once you submit this score report request, you cannot modify it. Score report fees are non-refundable and non-transferable.

02	University of Alabama		66	SUNY, Buffalo
03	Arizona School of Dentistry and Oral Health		68	University of Nevada at Las Vegas
04	University of the Pacific		70	University of North Carolina
06	University of California, San Francisco		72	Ohio State University
07	University of California, Los Angeles		74	Case Western Reserve University
08	University of Southern California		76	University of Oklahoma
10	Loma Linda University		78	Oregon Health and Science University
11	University of Colorado		80	Temple University
12	University of Connecticut		82	University of Pennsylvania
15	Western University of Health Sciences		84	University of Pittsburgh
16	Howard University		85	Medical University of South Carolina
18	University of Florida		86	Meharry Medical College
21	Nova Southeastern University		88	University of Tennessee
22	Medical College of Georgia		90	Baylor College of Dentistry
23	Midwestern University		92	University of Texas, Houston
27	Southern Illinois University		93	University of Texas, San Antonio
28	University of Illinois		94	Virginia Commonwealth University
30	Indiana University		96	University of Washington
32	University of Iowa		97	West Virginia University
33	University of Kentucky		98	Marquette University
34	University of Louisville		99	University of Puerto Rico
36	Louisiana State University			
38	University of Maryland			
40	Harvard School of Dental Medicine			Canadian Dental Schools
41	Boston University		X0	University of Saskatchewan
42	Tufts University		X1	University of Alberta
44	University of Detroit-Mercy		X2	University of British Columbia
46	University of Michigan		X3	University of Manitoba
48	University of Minnesota		X4	Dalhousie University
49	University of Mississippi		X5	University of Toronto
52	University of Missouri, Kansas City		X6	University of Western Ontario
56	Creighton University		X7	McGill University
58	University of Nebraska		X8	University of Montreal
60	University of New Jersey		X9	University of Laval
62	Columbia University			Please send a copy to self at the following address (\$25):
64	New York University			
65	SUNY, Stony Brook			

For additional addresses, please use the back of this form.

Mail to: DAT Score Report Request, 211 East Chicago Avenue, Suite 600, Chicago, Illinois 60611-2637