

LEADERSHIP INSTITUTES PROGRAM - STUDENT PARTICIPATION CERTIFICATION AND APPROVAL FORM



Dear Office of the Dean,

This form serves to notify you that the student named below is applying to participate in the ADA Leadership Institutes program. This program is managed by the American Dental Association and is generously sponsored in part by Henry Schein and Crest + Oral-B.

The program covers all costs, including travel expenses for three in-person sessions in Chicago, Washington D.C., and a regional meeting. The tentative dates for these sessions are as follows:

• May 2026

• AUGUST 2026

• March 2027

In addition to attending the above-mentioned in-person sessions, participants **must** be in good academic standing. Students are expected to fully participate in the program, which is key to extracting the maximum benefits from this unique leadership experience. This includes monthly 60-minute video calls between the in-person sessions with program faculty, advisors, and staff, as well as completing a group leadership project.

STUDENT'S INFORMATION:

Name: _____ **Academic Year:** _____ **D2**

Email: _____ **Phone Number:** _____

ASDA Membership Number: _____

By signing below, you certify and approve that the above-named student has your permission to participate in the 15-month program as described above.

DEAN/VICE DEAN/DESIGNEE

Name: _____

Title: _____

Signature: _____

Date: _____

Email: _____

Phone Number: _____