

**LETTER OF CONFIRMATION
UTSD DENTAL CLASS OF 2025**

Please check the appropriate choice and return this form to sodstudentaffairsoffice@uth.tmc.edu

Please respond as soon as possible to insure that we receive your response by the deadline.

_____ I accept your offer of conditional acceptance for admission to the 2021 entering dental class. I have read the information regarding a background check as a requirement of matriculation at The University of Texas School of Dentistry at Houston, and agree to provide the report via the designated vendor.

_____ I decline your offer of conditional acceptance for admission to the 2021 entering dental class.

Name (Printed)

Date

Signature