

**LETTER OF CONFIRMATION  
UTSD DENTAL CLASS OF 2024**

Please check the appropriate choice and return this form to [sodstudentaffairsoffice@uth.tmc.edu](mailto: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 2020 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 2020 entering dental class.

\_\_\_\_\_  
Name (Printed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature