

**The University of Texas Dental Branch at Houston**

**Summer Enrichment Program 2007**

**SUPPLEMENTAL DATA REQUEST**

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(Name)

1. Information on the applicant race or ethnic group is requested for statistical and report purposes.

- |  |                                 |
|--|---------------------------------|
| (1) _____ American Indian/Alaskan Native | (6) _____ Other Hispanic        |
| (2) _____ Black/African American         | (7) _____ White/Caucasian       |
| (3) _____ Asian/Pacific Islander         | (8) _____ Other (Specify) _____ |
| (4) _____ Mexican American               | (9) _____ Unreported            |
| (5) _____ Puerto Rican (Mainland)        |                                 |

2. Photographs are requested to assist committee member in identifying and remembering applicants being considered for acceptance in the Summer Enrichment Program.

2"x3"

  

ATTACH  
PHOTOGRAPH HERE

Please submit one photograph. It should be a recent photograph and approximately 2"x 3" in size.

PLEASE PRINT NAME ON BACK OF PHOTOGRAPH