Certification of Status as Senior Student of Record

This form must be completed by the Dean or designated school official as certification to take the CITA examinations, and MUST be submitted with the application, for all senior students of record attending a school accredited by the ADA Commission on Dental Accreditation.

Student's Name: _____
Last Name First Name Middle Name

Student's SS#: | | | | - | | | - | | | | |

School: _____

This letter certifies that the student listed above is a senior student of record and that the candidate is sufficiently prepared to participate in the CITA examination.

_____
Signature of Dean or designated school official

_____
Date