



## Dental School Institution Evaluation eForm Registration

Please complete the information below. When your account has been established you will receive the information necessary to complete eForm Institution Evaluations for your dental school.

### Dean's Contact Information

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Institution Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Dean's Designee/Contact Person's Information:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Institution Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Email Evaluation Request to:**  Dean  Designee

*Select who should receive the email notification (Dean or Designee).*

**Dean's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_