



Dental School Institution Evaluation eForm Registration Update

Please complete the information below if the dean or designee of your dental school has changed. ADEA PASS will update this information in our system immediately.

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:** _____

Please print, and fax the completed form to PASS at 202-238-3980