LANDER COLLEGE FOR WOMEN
THE ANNA RUTH & MARK HASTEN SCHOOL
TOURO UNIVERSITY

TOURO COLLEGE OF DENTAL MEDICINE
TOURO UNIVERSITY

The Dental Honors Pathway is an integrated track that includes your undergraduate study at Lander College for Women and four years of dental school at Touro College of Dental Medicine, in Hawthorne, NY, contingent upon the completion of specific academic benchmarks. Please see the Medical/Dental Honors Pathway brochure for further details.

Deadlines:
LCW Honors Program (HP) Early Deadline: Monday, November 9, 2026
Dental Honors Program (DHP) Deadline: Monday, December 21, 2026

Students who are applying to the DHP must apply to the Honors Program by the Early Application Deadline (November 9, 2026).

Dental Honors Pathway Application

(after applying to the Lander College for Women Honors Program)

1. **DHP Application Form:** Complete and submit this application form directly to the LCW Admissions Office (sarah.klugmann@touro.edu).
2. **Two letters of recommendation** attesting to the maturity and qualifications of the applicant for the Dental Honors Pathway, including the applicant's capability in understanding and applying scientific information. At least one recommendation letter must be written by a dentist that you have shadowed. (If these letters were already sent as part of your Honors Program application, it is not necessary to submit additional letters for the Dental Honors Pathway.) Recommendation letters must be submitted on your behalf directly by your referees to the LCW Admissions Office (sarah.klugmann@touro.edu).
3. **Three essays:**
   - Two essays from the Honors Program application prompts, to be submitted with your Honors Program application.
   - One essay (not to exceed 5,300 characters) discussing why you are interested in a career in dentistry and enrollment in the Dental Honors Pathway, to be submitted with your DHP application (below).

1. Name (please use your legal name): ☐ Ms. ☐ Mrs.

_____ _____ _____ _____
Last First Middle/Maiden Preferred/Hebrew

2. Last 4 digits of your Social Security number: _____ 3. Touro ID# (if known): T00_____

4. Email Address: _____ @ _____

5. Telephone: _____ _____ _____
Home Cell Israel Cell (if applicable)

6. High School: _____ 7. Seminary: _____
(if currently attending)

8. **SAT Exam** **OR** **ACT Exam**

Date: _____ Date: _____
Critical Reading: _____ Composite Score: _____
Math: _____

9. Experience: **Complete the next 2 pages** detailing your experience in the health field.

Also, please remember to submit your essay on the last page of the application. ——————————————————————>

For more information, please contact:

In U.S.:
Sarah Klugmann | sarah.klugmann@touro.edu | 212.520.4263
In Israel:
Mrs. Chavy Weisz | cweisz3@touro.edu | 054.478.0980

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Dental Honors Pathway Application: Experience

10. Experience. Please provide information about your shadowing, clinical or research experience. If additional space is needed, feel free to add additional pages. Details about your shadowing, clinical or research experiences are critical to the application process.

What experience have you obtained so far with regard to the health sciences?

I. Experience Type (Shadowing, Research, Clinical Volunteer, Non-Clinical Volunteer, etc.)

Start and End Dates (Month/Year)

Average Hours Per Week During That Period

Contact Name and Title

Contact Phone/Email Address

Facility/Organization Name

Address

Experience Description

II. Experience Type (Shadowing, Research, Clinical Volunteer, Non-Clinical Volunteer, etc.)

Start and End Dates (Month/Year)

Average Hours Per Week During That Period

Contact Name and Title

Contact Phone/Email Address

Facility/Organization Name

Address

Experience Description

Dental Honors Pathway Application: Personal Statement

11. **Submit a personal statement of no more than 5,300 characters as to why you are interested in a career in dentistry and enrollment in the Dental Honors Pathway. Any sources you quote must be cited.**

Full Name: _____

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Dental Honors Pathway Application: Personal Statement (cont'd)

Full Name: _____

If additional space is needed, feel free to supplement with additional pages.