

**UNIVERSITY OF ILLINOIS AT CHICAGO – Office of Student Financial Aid**  
1200 W. Harrison St., M/C 334 - Chicago, IL 60607-7163 - Phone: (312) 996-3126 Document Fax Line: (312) 996-3385

**2017-2018 GE Program Disclosure Requirement  
Advanced Certificate in Prosthodontics Program**

Return this form certifying you have received and reviewed the program disclosure information below.

University of Illinois at Chicago  
First professional degree in Prosthodontics/Prosthodontology  
Program Length: 3 years

**Students graduating on time**

**N/A\*** of Title IV students complete the program within 3 years

\*The share of students who completed the program within 100% of normal time (3 years). Fewer than 10 students enrolled in this program. This number has been withheld to preserve the confidentiality of the students.

**Program Costs\***

**\$102,949** for tuition and fees

**\$5,200** for books and supplies

**\$108,149** for off-campus room and board

Other Costs: housing and food expenses **\$49,644**; transportation and personal expenses **\$16,560**

Additional program cost information: <https://dentistry.uic.edu/programs/advanced-specialty-programs/prosthodontics-program>

\*The amounts shown above include costs for the entire program, assuming normal time to completion. Note that this information is subject to change.

**Students Borrowing Money**

**68%\*** of students who attend this program borrow money to pay for it

\*The share of students who borrowed Federal, private, and/or institutional loans to help pay for college.

**The typical graduate leaves with**

**N/A\*** in debt

\*The median debt of borrowers who completed the program. This debt includes federal, private, and institutional loans. Fewer than 10 students completed this program within normal time. This number has been withheld to preserve the confidentiality of the students.

**The typical monthly loan payment**

**N/A\*** per month in student loans with **N/A\*** interest rate.

\*The median monthly loan payment for students who completed this program if it were repaid over ten years at NA\* interest rate. Fewer than 10 students completed this program within normal time. This number has been withheld to preserve the confidentiality of the students.

**The typical graduate earns**

**(not provided)\*** per year after leaving this program

\*The median earnings of program graduates who receive Federal aid.

**Graduates who got jobs**

**N/A\*** of program graduates got jobs

\*We are not currently required to calculate a job placement rate for program completers. State Job Placement Rate: N/A. Accreditor Job Placement Rate: N/A

**Program graduates are employed in the following fields:**

Prosthodontists (<https://www.onetonline.org/link/summary/29-1024.00>)

**Licensure Requirements\***

Program has no licensure requirements in any state.

\*Some States require students to graduate from a state approved program in order to obtain a license to practice a profession in those States.

NOTE: THE DEPARTMENT DID NOT CALCULATE D/E RATES FOR THIS PROGRAMS WHERE, AFTER ANY EXCLUSIONS UNDER 34 CFR 668.404(E), THERE WERE FEWER THAN 30 STUDENTS IN THE COHORT, OR IF APPLICABLE, FEWER THEN 10 STUDENTS IN THE TRANSITIONAL COHORT. THESE DISCLOSURES ARE REQUIRED BY THE U.S. DEPARTMENT OF EDUCATION.

Student Signature

Date

Printed Name

ENTER YOUR 9-DIGIT UIN 

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