



COMMUNITY COLLEGE OF  
DENVER

### Letter of Agreement

I, \_\_\_\_\_, certify that:

- ❖ All information provided in this application is true and complete.
- ❖ I understand that all prerequisites must be completed by the end of the Spring Semester prior to fall enrollment in the CCD Dental Hygiene Program.
- ❖ It is my responsibility to provide all requested information to complete my application and student file. Failure to provide all requested information may adversely affect my application process.
- ❖ Admission to the program is conditional until all requirements have been satisfactorily completed.
- ❖ Permission is granted to the CCD Dental Hygiene Program, if necessary, to request additional information from previous schools concerning my academic conduct and record.
- ❖ I understand that patient recruitment to meet my clinical education requirements is part of my personal responsibility.
- ❖ I understand and agree to actively participate in the learning process as required, by acting as a patient for other dental hygiene students.

\_\_\_\_\_  
*PRINTED Applicant Name*

\_\_\_\_\_  
*Applicant Signature*

Date: \_\_\_\_\_