



COMMUNITY COLLEGE OF  
**DENVER**

## APPLICATION FOR ADMISSION

### Dental Hygiene Program

**Return application (prior to January 1) to:**

**CCD Dental Hygiene  
1062 Akron Way, Bldg 753  
Denver, CO 80230**

**Attention: Admissions Coordinator**

Name: \_\_\_\_\_ Stu ID# \_\_\_\_\_  
Last (Maiden) First MI

Current Home Address: \_\_\_\_\_  
Number & Street City State Zip Code

Telephone Number: (\_\_\_\_) \_\_\_\_\_ Birth Date \_\_\_\_\_

Work Number: (\_\_\_\_) \_\_\_\_\_ Sex (optional): \_\_\_ Male \_\_\_ Female

Mobile Number: (\_\_\_\_) \_\_\_\_\_

Contact or Parent's Home Address: \_\_\_\_\_  
(Someone who will always be able to reach you) Number & Street City State Zip Code

Contact or Parent's Telephone Number: (\_\_\_\_) \_\_\_\_\_

Date: \_\_\_\_\_ High School Graduation Ethnicity \_\_\_ African American \_\_\_ Hispanic  
 \_\_\_\_\_ G.E.D Equivalency (Optional) \_\_\_ Asian \_\_\_ Native American  
 \_\_\_ Caucasian (White) \_\_\_ Other

Other name(s) under which credentials may be received: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ (Required)

Date you attended CCD Dental Hygiene Orientation: \_\_\_\_\_

Have you previously applied to our program? Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered "yes", in which year did you apply? \_\_\_\_\_

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List ALL technical, college or professional institutions from the most current college to the last college/university attended. Include official transcripts from each institution in sealed envelope. (Use additional paper if necessary).

1. \_\_\_\_\_

Name of Institution	Date of Attendance
Address	Major or Program
	Degree or Certificate

2. \_\_\_\_\_

Name of Institution	Date of Attendance
Address	Major or Program
	Degree or Certificate

3. \_\_\_\_\_

Name of Institution	Date of Attendance
Address	Major or Program
	Degree or Certificate

List all dental certifications. (Attach all supporting documentation)

Certificates	Attached (Yes/No)

List all dental experience (Include number of years and duties)

Experience	Number of Years	Duties

**APPLICATION FOR ADMISSION**  
**Community College of Denver Dental Hygiene Program**  
**PREREQUISITE COURSE LIST**

List course(s) you are enrolled in or have completed. Course numbers listed below are those of Community College of Denver (CCD). Please list the institution where indicated. Indicate whether courses are semester or quarter hours. Also list any courses that you have taken more than once, including the dates and grades received.

For any course in progress or to be completed by May, list the anticipated completion date.

College/University	Course Number	CCD Course Descriptions	Semester or Quarter Hours	Date Enrolled	Date Completed or To Be completed	Grade Received	Online or Class Room
		BIO 201 Human Anatomy & Physiology I					
		BIO 202 Human Anatomy & Physiology II					
		BIO 204 Microbiology					
		CHE 109 General, Organic & Biochemistry (CHE 101 and 102 or CHE 111 and 112 will compensate for CHE 109)					
		ENG 121 English Composition					
		PSY 101 General Psychology I					
		SOC 101 Introduction to Sociology					
		COM 115 Principles of Speech					

***All science courses must be within 7 years old upon submitting your application. All general courses are good for a lifetime.***

*Every course listed must be verified with an official transcript, with the exception of courses taken at CCD, from the original institution for credit to be given. An application that does not have all appropriate transcripts will not be reviewed.*

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**Additional Information**

- A. Have you ever been placed on academic probation or dismissed for any reason from school, college or university?  
Yes \_\_\_\_\_ No \_\_\_\_\_
- B. Have you ever been convicted of either a felony or misdemeanor, excluding minor traffic offenses?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If the answer to either A or B is YES, please explain below

I affirm by my signature that I have furnished all information requested in this application. I understand that submitting any false information to the Community College of Denver, including but not limited to false transcripts or any other information contained on this form withholding information about my previous academic history will make my application for admission to Community College of Denver, Dental Hygiene Program, as well as, any future applications, subject to denial or will result in expulsion from.

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Applicant Signature

Date