Center for Health Sciences Dental Hygiene Program 1062 Akron Way. Bldg. 753 Denver, CO 80230 Fax: 303-365-8330

Phone: 303-365-8303



DENTAL HYGIENE BIOGRAPHICAL PROFILE

Please write/type below your biographical profile. The information listed

Application Committee. Biographical profiles will be part of the interview process. The biographical pro	e evaluated and scored as
☐ A description of 2 community service projects in participated within the last 5 years.	
☐ Information concerning your interest and/or abi contributes to your decision to pursue dental hygie	•
Other information about you that you would like Admissions Committee.	e to share with the
☐ Please limit this information to 500 words or les	S.
I (print name),, attest that the below is true and accurate and that any false docu dental hygiene application.	e information provided mentation will forfeit my
Applicant Name (print):	
Signature:	Date: