Center for Health Sciences
Dental Hygiene Program
1062 Akron Way. Bldg. 753
Denver, CO 80230
Fax: 303-365-8330
Phone: 303-365-8303

COMMUNITY COLLEGE OF DENVER

DENTAL HYGIENE PROGRAM
PREREQUISITE COURSE LIST

Name: _____

CCD Student Email: _____@student.cccs.edu

Personal Email: _____

List ALL technical, college or professional institutions from the first college to the last college/university attended. Include a copy of your unofficial transcripts from each institution. Unofficial copies are only needed if they pertain to our required prerequisites (use additional paper if necessary).

Name of Institution: _____ Date of Attendance:_____

Address: _____

Major/Program: _____

Degree/Certificate: _____

Name of Institution: _____ Date of Attendance:_____

Address: _____

Major/Program: _____

Degree/Certificate: _____

Name of Institution: _____ Date of Attendance:_____

Address: _____

Major/Program: _____

Degree/Certificate: _____

Name of Institution: _____ Date of Attendance:_____

Address: _____

Major/Program: _____

Degree/Certificate: _____

DENTAL HYGIENE PROGRAM
PREREQUISITE COURSE LIST

List all dental certifications (attach all supporting documentation):

Certificate Name: _____ Attached: ☐ Yes ☐ No
Certificate Name: _____ Attached: ☐ Yes ☐ No
Certificate Name: _____ Attached: ☐ Yes ☐ No

List all dental experience (include Dates of Employment and duties):

Experience: _____ Dates of Employment: _____
Duties: _____
_____
_____

Experience: _____ Dates of Employment: _____
Duties: _____
_____
_____

Experience: _____ Dates of Employment: _____
Duties: _____
_____
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Experience: _____ Dates of Employment: _____
Duties: _____
_____
_____

Experience: _____ Dates of Employment: _____
Duties: _____
_____
_____

DENTAL HYGIENE PROGRAM
PREREQUISITE COURSE LIST

List course(s) you are enrolled in, have completed, or will be completing during the fall 2018 and spring 2019 semester. 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 all courses being completed during the fall 2018 semester, you must e-mail Michelle Kohler, michelle.kohler@ccd.edu a copy of your unofficial transcript showing your letter grade(s) as soon as they become available. Courses completed during the fall 2018 semester will be included in your GPA. Courses completed during the spring 2019 semester will count as "zero" points towards your GPA.

CCD COURSE DESCRIPTIONS:

BIO 201-Human Anatomy & Physiology I

College/University: _____
Course Number: _____
Semester & Year Enrolled: _____
Semester/Quarter Hours: _____
Grade Received: _____
Date Completed/To Be Completed: _____
☐ Online ☐ Classroom

BIO 202-Human Anatomy & Physiology II

College/University: _____
Course Number: _____
Semester & Year Enrolled: _____
Semester/Quarter Hours: _____
Grade Received: _____
Date Completed/To Be Completed: _____
☐ Online ☐ Classroom

BIO 204-Microbiology (BIO 208 will compensate for BIO 204)

College/University: _____
Course Number: _____
Semester & Year Enrolled: _____
Semester/Quarter Hours: _____
Grade Received: _____
Date Completed/To Be Completed: _____
☐ Online ☐ Classroom

DENTAL HYGIENE PROGRAM
PREREQUISITE COURSE LIST

CHE 109-General, Organic & Biochemistry
(CHE 111 & 112 will compensate for CHE 109)

College/University: _____
Course Number: _____
Semester & Year Enrolled: _____
Semester/Quarter Hours: _____
Grade Received: _____
Date Completed/To Be Completed: _____
☐ Online ☐ Classroom

ENG 121-English Composition (ENG 122 will compensate for ENG 121)

College/University: _____
Course Number: _____
Semester & Year Enrolled: _____
Semester/Quarter Hours: _____
Grade Received: _____
Date Completed/To Be Completed: _____
☐ Online ☐ Classroom

PSY 101-General Psychology I
(PSY 102, 226, 235, or 240 will compensate for PSY 101)

College/University: _____
Course Number: _____
Semester & Year Enrolled: _____
Semester/Quarter Hours: _____
Grade Received: _____
Date Completed/To Be Completed: _____
☐ Online ☐ Classroom

SOC 101-Introduction to Sociology
(SOC 102, 218 or ANT 101 will compensate for SOC 101)

College/University: _____
Course Number: _____
Semester & Year Enrolled: _____
Semester/Quarter Hours: _____
Grade Received: _____
Date Completed/To Be Completed: _____
☐ Online ☐ Classroom

DENTAL HYGIENE PROGRAM
PREREQUISITE COURSE LIST

COM 115-Public Speaking (COM 125 or 126 will compensate for COM 115)

College/University: _____

Course Number: _____

Semester & Year Enrolled: _____

Semester/Quarter Hours: _____

Grade Received: _____

Date Completed/To Be Completed: _____

☐ Online ☐ Classroom

NOTE: All science courses completed PRIOR to spring 2012 exceeds our 7 year deadline date and will not be accepted. All general courses are good for a lifetime. Every course listed must be verified with a copy of your unofficial transcript. An application that does not have all appropriate copies of unofficial transcripts will not be reviewed.

Additional Information

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

If you answered "Yes" to either of these questions, 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. I affirm that I have read, understand, and agree to this form in its entirety and that the information supplied is true and complete.

Applicant (print name): _____

Signature: _____ Date: _____