

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: <input type="checkbox"/> Yes <input type="checkbox"/> No
Certificate Name: _____	Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No
Certificate Name: _____	Attached: <input type="checkbox"/> Yes <input type="checkbox"/> 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: _____

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 101 & 102 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

