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 PROGRAM PREREQUISITE COURSE LIST

Name:	
CCD Student Email:	@student.cccs.edu
Personal Email:	
List ALL technical, college or professiona the last college/university attended. Incommodate transcripts from each institution. Unoffice pertain to our required prerequisites (use	clude a copy of your unofficial cial copies are only needed if they
Name of Institution:	Date of Attendance:
Address:	
Major/Program:	
Degree/Certificate:	
Name of Institution:Address: Major/Program: Degree/Certificate:	
Name of Institution:	
Address:	
Major/Program:	
Degree/Certificate:	
Name of Institution:Address:	
Major/Program:	
Degree/Certificate:	

List all dental certifications (attach all supporting documentation):

Certificate Name:	Attached: 🗌 Yes 🗌 No	
Certificate Name:		
Certificate Name:		
List all dental experience (include	de Dates of Employment and duties):	
Experience:	Dates of Employment:	
Duties:		
Experience:	Dates of Employment:	
Duties:		
Experience:	Dates of Employment:	
	· •	
Experience: Duties:	Dates of Employment:	
Experience:		
Duties:		

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

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:

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 date and will not be accepted. All general courses a listed must be verified with a capy of your upofficial	re good for a lifetime. Every course
listed must be verified with a copy of your unofficial not have all appropriate copies of unofficial transcrip	
Additional Information	
 Have you ever been placed on academic probatic school, college or university? Yes N	
2. Have you ever been convicted of either a felony traffic offenses? ☐ Yes ☐ No	or misdemeanor, excluding minor
If you answered "Yes" to either of these questions,	please explain below:
I affirm by my signature that I have furnished all in application. I understand that submitting any false College of Denver, including but not limited to, false contained on this form withholding information about make my application for admission to Community C Program, as well as, any future applications, subject from. I affirm that I have read, understand, and agrithat the information supplied is true and complete. Applicant (print name):	information to the Community transcripts or any other information at my previous academic history will college of Denver, Dental Hygiene at to denial or will result in expulsion ree to this form in its entirety and
Signature:	Date: