

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



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: _____

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 number of years and duties):

Experience: _____

Number of Years: _____

Duties: _____

Experience: _____

Number of Years: _____

Duties: _____

Experience: _____

Number of Years: _____

Duties: _____

Experience: _____

Number of Years: _____

Duties: _____

Experience: _____

Number of Years: _____

Duties: _____

DENTAL HYGIENE PROGRAM

PREREQUISITE COURSE LIST

Instructions: List course(s) you have completed, or will be completing during the fall semester. Course numbers listed below are for the Community College of Denver (CCD). Please complete all information requested including: institution, course name and number, semester or quarter credit hours, semester and year taken, grade received, and either online/classroom type.

For all courses being completed during the fall semester of the application year, you must email Voletha Bradley, Application Assistant, at voletha.bradley@ccd.edu a copy of your unofficial transcript showing your letter grade(s) as soon as they become available. All prerequisite courses, including those completed during the fall semester, will be included in your application GPA calculation.

CCD Science Course Number and Titles (minimum GPA 3.0):

BIO 201 – Human Anatomy and Physiology I

College/University: _____

Course Name and Number: _____

Semester & Year Enrolled: _____

Credit Hours - Check one: ☐ Semester hours ☐ Quarter hours

Grade received: _____ Date complete/to be completed: _____

Type – Check one: ☐ Online ☐ Classroom

BIO 202 – Human Anatomy and Physiology II

College/University: _____

Course Name and Number: _____

Semester & Year Enrolled: _____

Credit Hours - Check one: ☐ Semester hours ☐ Quarter hours

Grade received: _____ Date complete/to be completed: _____

Type – Check one: ☐ Online ☐ Classroom

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

College/University: _____

Course Name and Number: _____

Semester & Year Enrolled: _____

Credit Hours - Check one: ☐ Semester hours ☐ Quarter hours

Grade received: _____ Date complete/to be completed: _____

Type – Check one: ☐ Online ☐ Classroom

CHE 109 – General, Organic & Biochemistry (CHE 101 AND 102 will compensate for CHE 109)

College/University: _____

Course Name and Number: _____

Semester & Year Enrolled: _____

Credit Hours - Check one: ☐ Semester hours ☐ Quarter hours

Grade received: _____ Date complete/to be completed: _____

Type – Check one: ☐ Online ☐ Classroom

**CCD General Education Course Number and Titles (minimum GPA 2.5):
ENG 121 – English Composition (ENG 122 will compensate for ENG 121)**

College/University: _____

Course Name and Number: _____

Semester & Year Enrolled: _____

Credit Hours - Check one: ☐ Semester hours ☐ Quarter hours

Grade received: _____ Date complete/to be completed: _____

Type – Check one: ☐ Online ☐ Classroom

**PSY 101 – General Psychology
(PSY 102, 226, 235, or 240 will compensate for PSY 101)**

College/University: _____

Course Name and Number: _____

Semester & Year Enrolled: _____

Credit Hours - Check one: ☐ Semester hours ☐ Quarter hours

Grade received: _____ Date complete/to be completed: _____

Type – Check one: ☐ Online ☐ Classroom

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

College/University: _____

Course Name and Number: _____

Semester & Year Enrolled: _____

Credit Hours - Check one: ☐ Semester hours ☐ Quarter hours

Grade received: _____ Date complete/to be completed: _____

Type – Check one: ☐ Online ☐ Classroom

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

College/University: _____

Course Name and Number: _____

Semester & Year Enrolled: _____

Credit Hours - Check one: ☐ Semester hours ☐ Quarter hours

Grade received: _____ Date complete/to be completed: _____

Type – Check one: ☐ Online ☐ Classroom

NOTE: All science courses completed prior to seven (7) years of our application deadline date will not be accepted. For example, courses completed in the fall of 2012 are one year out of date for fall 2020 acceptance. All general courses are good for a lifetime. Every course listed must be verified with a copy of your unofficial transcript. Failure to supply the necessary transcript(s) may result in a delayed or failed application.

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: _____