



APPLICATION FOR ADMISSION
DEPARTMENT OF ALLIED HEALTH
PROGRAM OF DENTAL HYGIENE

DATE: \_\_\_\_\_

PERSONAL DATA:

Social Security Number \_\_\_\_ / \_\_\_\_ / \_\_\_\_

When do you wish to enter program? Fall \_\_\_\_ Year

Associate Program \_\_\_\_\_

Baccalaureate Program \_\_\_\_\_

1. Name \_\_\_\_\_
Last First Middle/Maiden

2. Home Address \_\_\_\_\_
Number and Street
City State Zip Code

3. Present Address \_\_\_\_\_
Number and Street
City State Zip Code

4. Home Telephone Number ( ) -
Present Telephone Number ( ) -

5. E-mail Address \_\_\_\_\_

6. Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Age \_\_\_\_\_

7. Are you a U.S. Citizen? \_\_\_\_\_

8. Father's name in full \_\_\_\_\_
Last First Middle

Address \_\_\_\_\_
Number and Street
City State Zip Code

9. Mother's name in full \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Number and Street

City State Zip Code

10. Legal Guardian \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Number and Street

City State Zip Code

Relationship \_\_\_\_\_

11. Person to be notified in case of emergency:

Name \_\_\_\_\_ Telephone Number ( ) - \_\_\_\_\_

Address \_\_\_\_\_  
Number & Street

City State Zip Code

12. Do you have any responsibilities that might interrupt or interfere with your program of studies in dental hygiene?

\_\_\_\_\_  
\_\_\_\_\_

**EDUCATIONAL DATA:**

13. Information concerning previous schools attended:

High School \_\_\_\_\_

Date of Graduation \_\_\_\_\_ GPA \_\_\_\_\_

Honors, Awards, Offices, Scholarships \_\_\_\_\_

\_\_\_\_\_

14. Name of School/College/University\_\_\_\_\_

Number of Hours Completed\_\_\_\_\_GPA\_\_\_\_\_

List courses taken\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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Name of School/College/University\_\_\_\_\_

Number of Hours Completed\_\_\_\_\_GPA\_\_\_\_\_

List courses taken\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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Other educational advantages (travel, etc.)\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

15. If you have attended any School of Dental Hygiene previously, give the following information:

Name of School\_\_\_\_\_

City and State\_\_\_\_\_

Date of Entrance \_\_\_\_\_ Date of Leaving \_\_\_\_\_

Reason for Leaving\_\_\_\_\_

16. Have you ever been convicted of a crime other than a minor traffic violation? yes \_\_\_\_\_ no \_\_\_\_\_

(If yes, enclose an explanation with your application. The application cannot be processed without an explanation.)

**PROFESSIONAL & WORK EXPERIENCE:**

17. List professional or business experiences with facts and dates:

Name & Location of Agency	Dates		Description of Duties
	To	From	

18. How did you learn about the dental hygiene program? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

19. Why did you choose dental hygiene as a program of study? \_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

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If you have experienced discrimination in such education programs or activities, written inquiries about procedures that are available at the University for consideration of complaints alleging such discrimination should be directed to the President's Office, Western Kentucky University, 1906 College Heights BLVD 11001, Bowling Green, KY 42101-1001. Inquiries about such alleged discrimination also may be made directly to the Director, Office of Civil Rights, United States Department of Human Resources, Washington, DC 20201.

