

University of Louisville's Dental Hygiene Program

Professional Application for Admission

Program to begin Fall Semester

APPLICATION DEADLINE: March 1

Personal Data

Last Name:	First:	Middle:	UofL ID # if applicable:
Social Security Number:	Date of Birth:	Email (required):	
Current Address:	City:	State:	Zip Code:
Permanent Address:	City:	State:	Zip Code:
Telephone Number (include area code): ()		Best daytime number to reach you (include area code): ()	
Name of person to notify in case of emergency:		Telephone Number: ()	

Current Courses Please list the college and course number for each pre-requisite course listed below.
If you will enroll in any course for the **Spring & Summer** semester, please indicate. Check off completed courses.

*Must have a grade of "C" or better in these courses and must have completed them no more than 5 years before Upper Division admission.

Pre-requisite Course	College	Course Number	Spring or Summer	Completed
English I				<input type="checkbox"/>
Speech/Public Speaking				<input type="checkbox"/>
Math (Gen. Ed equivalent)				<input type="checkbox"/>
Intro to Psychology				<input type="checkbox"/>
Intro to Sociology				<input type="checkbox"/>
Chemistry*				<input type="checkbox"/>
Anatomy & Physiology I*				<input type="checkbox"/>
Anatomy & Physiology II*				<input type="checkbox"/>
Anat. & Phys. Lab*(if not included with class)				<input type="checkbox"/>
Human Nutrition*				<input type="checkbox"/>
English II				<input type="checkbox"/>
World History Civilizations				<input type="checkbox"/>
Cultural Diversity- CD1				<input type="checkbox"/>
Cultural Diversity- CD1 or CD2				<input type="checkbox"/>
Arts-one course				<input type="checkbox"/>
Humanities-one course				<input type="checkbox"/>
Social & Behavioral Sciences one course, 200 +level				<input type="checkbox"/>

Please answer YES or NO to each of the following questions.

A. Have you ever been placed on academic probation or dismissed for any reason from any School, College or University?

Yes (If Yes, please attach a detailed explanation to the application) No

B. Have you ever been convicted of either a felony or misdemeanor, excluding minor traffic offenses? (In the state of Kentucky, a dental hygiene license will not be granted to anyone convicted of a felony or misdemeanor, excluding traffic violations.)

Yes (If Yes, please attach a detailed explanation to the application) No

C. Are you a

Re-applicant? Yes Dental Assistant ? Yes Lab Technician? Yes

Please attach the following to your Dental Hygiene Professional Application:

Dental Hygiene Checklist Signature Document: Sign this document where indicated below and return to our office.

3 Letters of Recommendation: Two letters should be from a school professor and one from a work/community reference. Send all letters of recommendation with this application. (No letters from relatives please)

Personal Statement: A brief summary (150 words – typed) of why you wish to become a member of the dental hygiene profession.

Dental Experience or Observation Documentation: Please state any work experience in a dental office in your essay. If you do not have work experience, we recommend that you have a minimum of 12 hrs of observation in a dental office or hygiene program. **Submit written documentation from the dental offices in which you observed.**

***Midterm Progress report is due no later than March 10th. This will include grades for all current Spring Classes.**

Initial and date the following steps (to be completed prior to turning in your application):

All external applicants must complete the U of L undergraduate application, pay the UofL Undergraduate application fee of \$30, and submit **ALL** transcripts (official) from any institutions attended. Please submit this information to:

University of Louisville
Office of Admissions
Belknap Campus
Louisville, KY 40292

All internal U of L applicants (except DH Lower Division) must complete an Intra-University Transfer Form:

http://www.louisville.edu/provost/iut/iut_who.html

Final Step: Submit Dental Hygiene Professional Application, 3 letters of Recommendation, Personal Statement, and Dental Experience/Observation Document to:

University of Louisville
School of Dentistry
Office of Student Affairs, Room 231
Louisville, KY 40292

I understand that the Mid-Term Progress Report is due by March 10th.

I understand that students in the Dental Hygiene program may be exposed to bloodborne pathogens during lab and clinical experience while enrolled. The School of Dentistry complies with OSHA bloodborne pathogen standards and CDC guidelines for infection control to provide a safe environment for students, patients, faculty, and staff. The confidentiality of information pertaining to the health status of individuals is strictly maintained.

Signature

Date