

**TEXAS STATE TECHNICAL COLLEGE HARLINGEN
DENTAL HYGIENE PROGRAM
2012 APPLICATION FORM**

(Please type or print in black ink both sides of this form)

Date of application _____/_____/_____

Social Security Number _____-_____-_____

I. BACKGROUND INFORMATION

Date of Birth _____ Male Female

Name _____
(Last) (First) (MI) (Maiden)

Current Mailing Address: _____
(Street) (City) (State) (Zip)

E-mail address _____

Current telephone _____ Cell Phone _____

Permanent Address _____
(Street) (County) (City) (State)

Have you been accepted for admission to TSTC? YES NO

Have you passed THEA or its equivalent? YES NO _____ WHEN?

(OFFICIAL SCORES MUST BE SUBMITTED WITH APPLICATION)

SCORES: _____ READING _____ WRITING _____ MATH

II. DENTAL EMPLOYMENT HISTORY

Employer	City/State	Position	Dates
_____	_____	_____	_____ to _____
_____	_____	_____	_____ to _____
_____	_____	_____	_____ to _____

III. EDUCATION BACKGROUND

In the space below, list ALL schools (high school and/or college) you have attended.

Name of School	City	State	Dates of Attendance MO/YR to MO/YR	Degree OR Sem./Qtr. Hrs.

If you have **graduated** from an American Dental Association **accredited** Dental Assisting Program, please list.)

IV CURRENT COURSEWORK

Please check the following courses that you have completed. You will need to support this with transcript documentation.

Please Check	Course Title	Grade received	Year taken	Name of School
	SOCI 1301 INTRODUCTORY SOCIOLOGY			
	CHEM 1411 GENERAL CHEMISTRY			
	ENGL 1301 COMPOSITION I			
	HRPO 1311 Human Relations or PSYT 1313 PSYCHOLOGY OF PERSONAL ADJUSTMENT OR DORI 1301 & ITSC 1309			
	PSYC 2301 GENERAL PSYCHOLOGY			
	BIOL 2401 ANATOMY AND PHYS I			
	BIOL 2402 ANATOMY AND PHYS II			
	BIOL 2421 MICROBIOLOGY			
	SPCH ELECTIVES			
	HUMANITIES (ARTS 1301, PHIL 1301, ETC)			

I understand that the Admissions Committee will not regard this application as “complete” until all supporting papers have been received; therefore, it is to my interest to see that these are submitted as promptly as possible. It is also my understanding that official transcripts sent directly from each school I have attended must be received by the Admissions Office as soon as possible at the end of each successive semester or quarter for as long as my application is being considered.

I understand that as a Dental Hygiene Student, I will be exposed to blood and body fluids. Texas State Technical College will not be held responsible for injury sustained during clinical experiences. As a student, I am to carry my own medical and accident insurance. Proof of such insurance must be kept on file in the Dental Hygiene Program Office. I also understand that as a Dental Hygiene Student I will be required to obtain the Hepatitis B Vaccinations.

I further understand that officials of Texas State Technical College determining my status for admission will rely upon the information submitted herein. I certify that the information in this application is complete and correct and I understand that the submission of false information is grounds for rejection of my application, withdrawal of any offer of acceptance, cancellation of enrollment, or appropriate disciplinary action.

Signature of Applicant

Date

This completed application form must be received at TSTC by **March 1, 2012**. Mail to:
Texas State Technical College Dental Hygiene Program
Dr. Bob Bennett, Department Chair, Dental Hygiene
1902 N. Loop 499
Harlingen, TX 78550