

**Dental Assisting/Dental Hygiene Program
Application Form
Applying for Semester/YR _____**

Name _____
 Last First Middle Maiden Previous Name

Address _____

City, State, Zip _____

Student ID # _____

Social Security # _____

Phone – Home _____ Work _____ Cell _____

E-mail Address _____

High School attended: _____

Date of Graduation or GED scores _____

Colleges attended: _____

Currently enrolled in a KCTCS college _yes ___no Location _____

I have received the admission requirements and selective admission guidelines for the Dental Assisting/Dental Hygiene Program.

Signature

Date

Program:
_____ Dental Assisting

_____ Dental Hygiene

Site:
_____ Henderson Community College

_____ Elizabethtown Community and Technical College

_____ West Kentucky Community and Technical College

Conference Date _____ Program Director's Signature _____