

3. _____
 College Name Major Degree (if applicable)

 Address, City, State, Zip Dates of Attendance

4. _____
 College Name Major Degree (if applicable)

 Address, City, State, Zip Dates of Attendance

5. _____
 College Name Major Degree (if applicable)

 Address, City, State, Zip Dates of Attendance

6. _____
 College Name Major Degree (if applicable)

 Address, City, State, Zip Dates of Attendance

7. _____
 College Name Major Degree (if applicable)

 Address, City, State, Zip Dates of Attendance

I have attended the dental hygiene program listed below:

Name of College/Program	Date	Reason for Leaving (please explain below)
_____	_____	_____
_____	_____	_____
_____	_____	_____

I have read and understand the admission requirements and procedures for application. It is understood that withholding information, such as enrollment in another dental hygiene program, not submitting ALL college transcripts or giving untruthful answers to questions on this application could be cause for non-acceptance or dismissal from the program. In addition, I have read the special notations on the DH website and introductory information sheet.

Signature	Date
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Students with disabilities who may need accommodations in completing any part of this application process should contact the Student Accessibility Services (SAS) Office: <https://www.cerritos.edu/sas/> (562) 860-2451 ext. 2335

All career technical education (CTE) opportunities will be offered regardless of race, color, national origin, sex, or disability.

All career technical education (CTE) opportunities will be offered regardless of race, color, national origin, sex, or disability. Compliance with related laws, including Section 504/Title II, are the responsibility of Cerritos College's Director, Diversity, Compliance, & Title IX Coordinator in the Office of Human Resources | (562) 860-2451, ext. 2284 | Email: dctix@cerritos.edu