

**CERRITOS COLLEGE
HEALTH OCCUPATIONS DIVISION
APPLICATION FOR ADMISSION
DENTAL ASSISTANT PROGRAM**

Date Submitted _____

When completed, email application along with supporting documents as one PDF file to:

da-apps@cerritos.edu

Cerritos College Student Number _____

I. GENERAL INFORMATION

Name: _____
(Last) (First) (Middle) (Other names used)

Address: _____
(Number Street) (Apt/Unit #) (City) (Zip)

Cell Phone () _____ Alternate Phone () _____

E-mail _____

Why do you want to enter into this field? _____

List any special abilities or skills which you believe would make you an asset to this profession:

Related Work Experience: (Submit letter to verify work/school/volunteer experience if applicable)

<u>Dates</u>	<u>Job Description</u>	<u>Employer/School/Volunteer</u>

II. EDUCATION

A. High School (list last high school attended and submit high school transcript)

Name	Grade completed	Year graduated
------	-----------------	----------------

Address	City	State	Zip
---------	------	-------	-----

English Clearance/Requirement met/completed: ___ Yes ___ No ___ Not Sure/Unknown

How was English Clearance/Requirement met/completed? ___ SRT (Self-Report Tool)

___ Assessment Test ___ Coursework ___ AP Clearance ___ Other: _____

B. Colleges: Number of units completed _____ (submit transcripts)

Number of units in progress _____

1. _____
Name of College Major Degree/Units

Address, City, State	Attendance Dates	G.P.A.
----------------------	------------------	--------

2. _____
Name of College Major Degree/Units

Address, City, State	Attendance Dates	G.P.A.
----------------------	------------------	--------

3. _____
Name of College Major Degree/Units

Address, City, State	Attendance Dates	G.P.A.
----------------------	------------------	--------

I have read and understand the admission requirements and procedures for application.
It is understood that withholding information or giving untruthful answers to questions on this application could be cause for non-acceptance or dismissal from the Program.

Applicant Signature	Date
---------------------	------