

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

Date _____

Have you applied to the Cerritos College Dental Hygiene Program in the past? Yes No

If yes, list the year of your most recent application: _____

Cerritos College Student Number _____

I. GENERAL INFORMATION

Name: _____
 (Last) (First) (Middle) (Other Names Used)

Address: _____
 (Street and Number) (Unit/Apt/Space # if applicable)

 (City) (State) (Zip)

Cell Phone: (____) _____ Home Phone: (____) _____

Email address: _____

Military Service (List Branch & Status - Discharged/Active/Reservist): _____

Related Work or Volunteer Experience (Verification must be submitted)

DATES	JOB DESCRIPTION	EMPLOYER	EMPLOYER'S PHONE NUMBER

II. EDUCATION: COLLEGES ATTENDED

1. _____
 College Name Major Degree (if applicable)

 Address, City, State, Zip Date

2. _____
 College Name Major Degree (if applicable)

 Address, City, State, Zip Date

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