



Application for Admission Colby Community College Dental Hygienist Program

Please print

Name _____ Telephone _____
(Last) (First) (Middle) (Maiden)

Home Address _____
(Street) (City) (State) (Zip)

Active E-mail address _____

Birthdate _____ Sex: Male _____ Female _____
(Month) (Day) (Year)

High School Graduate Of _____
(School or GED) (State) (Year)

Social Security Number _____ Marital Status: Married _____ Single _____

If you choose not to use your Social Security number, a number will be assigned for identification purposes. Financial Aid cannot be processed without Social Security number.

U.S. Citizen? Yes _____ No _____ If not, Visa Type _____

Permanent Resident _____
(County) (State) (Zip)

Parent/Guardian/Spouse _____ Telephone _____
Circle One: Mr. Mrs. Ms. Mr & Mrs.

Address _____

Ethnic/Racial Status (required for federal and state accounting purposes only):

Asian American _____ Black/American _____ Mexican/American _____
American Indian _____ Hispanic/American _____ White _____
Other _____

Have You Earned Previous College Credit? Yes _____ No _____ Hours of Credit _____

College (s) Where Credit Was Earned _____

Did either of your parents graduate from a 4-year institution? Yes _____ No _____

Have You Ever Been Convicted of a Felony? Yes _____ No _____ If yes, please give a brief explanation
(What, where, when): _____

Attach your **\$100.00 non-refundable** check/money order payable to Colby Community College/Dental Hygiene to this form. Include this application in your portfolio along with the other necessary requirements listed on your "checklist".

I certify that the information given is correct and complete. I understand that submission of false information is grounds for denial of admission, re-enrollment or immediate suspension if enrolled. If accepted as a student at Colby Community College, I agree to abide by the rules and regulations of the college regarding conduct, financial and other obligations. By signing this statement, I also hereby authorize the release of all my college, vocational and/or high school transcripts and other pertinent records to Colby Community College.

Signature: _____

Date: _____