

**SACRAMENTO CITY COLLEGE**  
**DENTAL ASSISTING PROGRAM APPLICATION**  
**2010**

DATE: \_\_\_\_\_

Applicant's Name \_\_\_\_\_  
last first initial other last name used

Mailing address \_\_\_\_\_  
\_\_\_\_\_ Birth Date  
\_\_\_\_\_  
city state zip Social Security #

Permanent Address \_\_\_\_\_  
\_\_\_\_\_ Day Phone #  
\_\_\_\_\_  
city state zip Evening Phone #

Email Address \_\_\_\_\_

Are you **re-entering** the dental assisting program from last year? Yes No

(If yes, then your transcripts or test results should be on file from the previous year)

Did you **apply** to the dental assisting program last year? Yes No

The following information on ethnic background is requested by the Office of Civil Rights. Please circle one number.

1 - American Indian/Alaskan Native	3 - Black (not of Hispanic Origin)	5 - Hispanic	7 - Other
2 - Asian or Pacific Islander	4 - White (not of Hispanic Origin)	6 - Filipino	8 - Decline to answer

This application and all necessary transcripts or test results must be mailed to the address below **after January 1st**. (Please do not mail before January 1st). Qualified applicants will be admitted based on date the application is received.

**DENTAL ASSISTING DEPARTMENT**  
**SACRAMENTO CITY COLLEGE**  
**3835 FREEPORT BLVD.**  
**SACRAMENTO, CA 95822**

(SEE OTHER SIDE)

**PROGRAM ELIGIBILITY:**

**To be eligible for admission, you must have completed ONE of the following:  
Please check one:**

	<p>I have successfully completed an ENGLISH READING CLASS at least equal to or greater than <b>ENGRD 11</b>. Name &amp; number of class:_____ Year &amp; Semester completed:_____ Date transcript sent: _____ A transcript indicating this completed class is required. To be considered for admissions, the transcript and this application must be on file in the Dental Health Office.</p>
	<p>I have successfully completed an ENGLISH READING CLASS at least equal to or greater than <b>ESLR 310</b>. Name &amp; number of class:_____ Year &amp; Semester completed:_____ Date Transcript sent:_____ A transcript indicating this completed class is required. To be considered for admissions, the transcript and this application must be on file in the Dental Health Office.</p>
	<p>I can provide proof that I am eligible to take an ENGLISH READING CLASS at least equal to or greater than <b>ENGRD 110</b>. Proof can be obtained by successful completion of a test given by Sacramento City College= <b>Assessment Office</b>. To be considered for admission, test results &amp; this application must be on file in the Dental Health Office. Date of Assessment Test:_____</p>
	<p>I can provide proof that I am eligible to take an ESL READING CLASS at least equal to or greater than <b>ESLRD 320</b>. Proof can be obtained by successful completion of a test given by Sacramento City College= <b>Assessment Office</b>. To be considered for admission, test results &amp; this application must be on file in the Dental Health Office. Date of Assessment Test:_____</p>
	<p>I have an Associate Degree or higher. A transcript indicating the degree is required. To be considered for admissions, the transcript and this application must be on file in the Dental Health Office. Date of degree_____ Date transcript sent: _____</p>

Test results from the Assessment Office must be brought to the Dental Health Office **by the applicant**.  
(The Assessment Office cannot send these scores directly to the Dental Assisting Department.)

All material **must** be sent to the:

**DENTAL ASSISTING DEPARTMENT  
SACRAMENTO CITY COLLEGE  
3835 FREEPORT BLVD.**

