

**SACRAMENTO CITY COLLEGE**  
**DENTAL HYGIENE PROGRAM APPLICATION**  
**2012**

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: \_\_\_\_\_

It is your responsibility to see that this application and official transcripts (need to verify the 11 courses listed on the back of this form) **arrive at the Dental Health Office by APRIL 1, 2012.** (Only official transcripts verifying these 11 courses and/or verifying reading eligibility are needed.) *All 11 prerequisite classes Must Be Completed before April 1, 2012.* **DO NOT** mail this material to the college's Admissions & Records Office.

If you have taken courses out of the Los Rios Community College District, please submit completed course equivalency/waiver forms/reading assessment results/official transcripts with your application.

**Applications are accepted after October 1<sup>st</sup> to April 1<sup>st</sup>.** If taking prerequisite classes during the fall 2011 semester, wait until these completed classes appear on your official transcripts before submitting this application, assessment results, and transcripts.

Please note that changes may occur for the 2013 application process. Any changes will appear on the program's information sheet that will be available in the fall of 2012.

The following information on ethnic background is requested by the Office of Civil Rights. Please circle one number.			
1 - American Indian/Alaskan Native	4. White	7. Other	
2. Asian/Pacific Islander	5. Hispanic	8. Decline to answer	
3. Black	6. Filipino		

This application, all official transcripts, and test results **MUST** be mailed/or hand delivered to:

**Dental Health Department**  
**Sacramento City College**  
**3835 Freeport Blvd**  
**Sacramento, CA 95822**

Please fill out the application on the reverse side and supply all appropriate documentation including official transcripts and/or reading assessment results.

**(OVER)**

**Wdoc2010DHapplication2011**

Name: \_\_\_\_\_

Status \_\_\_\_\_

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DID YOU APPLY TO OUR DENTAL HYGIENE PROGRAM LAST YEAR? (Circle) YES NO

If you applied last year, what was your status? Eligible \_\_\_\_\_ Not Eligible \_\_\_\_\_

**CLASSES COMPLETED:** (Only indicate classes completed and verified with an official transcript.)

The grade point average for the first five (5) science prerequisites must be 3.0 or higher.

The grade point average for the second six (6) general education prerequisites must be 2.5 or higher.

All classes must be completed to be eligible.

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SEMESTER/YEAR

<u>S.C.C. CLASS</u>	<u>NUMBER &amp; NAME OF CLASS</u>	<u>COMPLETED</u>	<u>COLLEGE</u>	<u>GRADE</u>	<u>UNITS</u>
ANATOMY & PHYSIOLOGY (BIOL 430)	_____	_____	_____	_____	_____
ANATOMY & PHYSIOLOGY (BIOL 431)	_____	_____	_____	_____	_____
INORGANIC CHEMISTRY (CHEM 305)	_____	_____	_____	_____	_____
ORGANIC/BIOCH CHEM (CHEM 306)	_____	_____	_____	_____	_____
MICROBIOLOGY (BIOL 440)	_____	_____	_____	_____	_____
NUTRITION (FCS 340)	_____	_____	_____	_____	_____
COLLEGE COMPOSITION (ENGWR 300)	_____	_____	_____	_____	_____
SPEECH COMM (COMM 301)	_____	_____	_____	_____	_____
GEN. PRINCIPLE OF PYSCH (PSYC 300)	_____	_____	_____	_____	_____
INTRO. TO SOCIOLOGY (SOC 300)	_____	_____	_____	_____	_____
INTRO DENTAL HYGIENE (DHYG 100)	_____	_____	_____	_____	_____

**READING ELIGIBILITY:** (Check one)

- SUCCESSFUL COMPLETION OF ENGRD 110 \_\_\_\_\_ (Verified with an Official College Transcript) OR
- ELIGIBLE FOR ENGRD 310 \_\_\_\_\_ (Verified with the SCC Assessment Center Exam)OR
- POSSESSION OF A COLLEGE DEGREE \_\_\_\_\_ (Verified with an Official College Transcript)

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**Complete all sections of this page.** Please note that changes may occur for the 2013 application process. Any changes will appear on the program's information sheet that will be available in the fall of 2012.