

**APPLICATION FOR ADMISSION: OXNARD COLLEGE DENTAL HYGIENE PROGRAM**

\_\_\_\_\_  
**Last Name**                                      **First Name**                                      **Middle Name**                                      **Maiden/AKA**

\_\_\_\_\_  
**Mailing Address**                                      **Mailing City, State, Zip**

\_\_\_\_\_  
**Social Security Number**                                      **Date of Birth**                                      **Phone**                                      **Email**

**High School Education Status (Circle One):** HS Diploma; Foreign Diploma/Certificate of Graduation; G.E.D.; Other  
 Name of HS & Year graduated: \_\_\_\_\_ Specify if "Other" was selected: \_\_\_\_\_

**LIST ALL COLLEGES AND UNIVERSITIES ATTENDED EVEN IF COURSES ARE NOT DENTAL HYGIENE APPLICABLE**  
 (attached additional pages if more than 3 colleges).

**Submit two official transcripts for each college listed (VCCCD—only one transcript required):**

NAME OF COLLEGE OR UNIVERSITY ATTENDED	COLLEGE LOCATION CITY, STATE	TERM(S) AND YEAR(S) ATTENDED	DEGREE EARNED	OFFICIAL USE ONLY

Minimum Cumulative GPA is 3.0 (including **ALL** colleges ever attended). Minimum Science GPA is 3.0 (including ALL science prerequisites). *Oxnard College GPA calculations may vary from other institutions.*

PREREQUISITE COURSES (OXNARD COLLEGE)	COURSE TITLE/NUMBER (EQUIVALENT PREREQ. COURSE)	UNITS	COLLEGE (WHERE TAKEN)	TERM TAKEN (SEM/YR)	GRADE	OFFICIAL USE ONLY
MICR R100 Prin. Of Microbiology						
MICR R100L Prin. Of Microbiology Lab.						
ANAT R100 Gen. Human Anatomy						
ANAT R100L Gen. Human Anatomy Lab.						
PHSO R100 Human Physiology						
PHSO R100L Human Physiology Lab.						
CHEM R110 Elementary Chemistry						
CHEM R112 Elem. Organic & Bio. Chem.						
ENGL R101 College Composition						
PSY R101 General Psychology						
SOC R101 Intro to Sociology						
SPCH R101 Intro to Oral Communication						
DH R001 Intro to Dental Hygiene	Include proof of enrollment in DH R001 at Oxnard College (Spring 2012)					

I certify, under the penalty of disqualification, that the statements in this application are true to the best of my knowledge and ability. I understand that submission of inaccurate, falsified, or incomplete information may disqualify me for entrance into the Oxnard College Dental Hygiene Program.

<b>OFFICIAL USE ONLY</b>	
<i>Spring 2011</i>	
Receiver:	_____
Date received:	_____
Applicant #:	_____

\_\_\_\_\_  
 Applicant Signature                                      Date

This survey information is voluntary and confidential and is used only for statistical reporting purposes. It is not collected in relation to the selection or rejection of applicants.

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female

**Dental Experience (check all that apply):**

- \_\_\_\_\_ None
- \_\_\_\_\_ Dental Office Experience
- \_\_\_\_\_ Dental Assistant → years & type of experience \_\_\_\_\_
- \_\_\_\_\_ Registered Dental Assistant (R.D.A) → years & type of experience \_\_\_\_\_  
*If RDA, did you graduate from an accredited Dental Assisting school?* \_\_\_\_\_
- \_\_\_\_\_ Dental Lab Technician → years & type of experience \_\_\_\_\_  
*If Dental Tech, did you graduate from an accredited Dental Tech school?* \_\_\_\_\_

**Ethnicity (check one):**

- \_\_\_\_\_ American Indian or Alaskan Native
- \_\_\_\_\_ Asian or Pacific Islander
- \_\_\_\_\_ Black African American, not of Latino, Hispanic origin
- \_\_\_\_\_ White, not of Latino, Hispanic origin
- \_\_\_\_\_ Latino, Hispanic
- \_\_\_\_\_ Other

**Citizenship Status (check one):**

- \_\_\_\_\_ Canadian Citizen
- \_\_\_\_\_ U.S. Citizen
- Not U.S. Citizen:
  - \_\_\_\_\_ Permanent Resident Visa
  - \_\_\_\_\_ Temporary Resident/Amnesty
  - \_\_\_\_\_ Refugee/Asylee
  - \_\_\_\_\_ Student Visa (F-1 or M-1)
  - \_\_\_\_\_ Other Visa or Visa Type
  - \_\_\_\_\_ Unknown

**Student Academic Level (check current one):**

- \_\_\_\_\_ I have attended only one year of college and have not earned a Degree
- \_\_\_\_\_ I have attended two years of college and have not earned a Degree
- \_\_\_\_\_ I have attended three years of college and have not earned a Degree
- \_\_\_\_\_ I have attended four years of college and have not earned a Degree
- \_\_\_\_\_ I have already earned or will have earned an Associate's Degree by the time of program entry
- \_\_\_\_\_ I have already earned or will have earned a Bachelor's Degree or higher by the time of program entry
- \_\_\_\_\_ Other, please specify \_\_\_\_\_

**Student Educational Goal (select your highest priority)**

- \_\_\_\_\_ Earn a Dental Hygiene certificate/A.S. degree without transfer
- \_\_\_\_\_ Earn a Dental Hygiene certificate/A.S. degree, advancing to obtain a Bachelor's degree or higher

**Financial:**

- \_\_\_\_\_ I will request financial aid while I attend the program
- \_\_\_\_\_ I will not request financial aid while I attend the program

**Employment/Family Care Responsibility (check all that apply):**

- \_\_\_\_\_ I will work part-time while I attend the program
- \_\_\_\_\_ I will work full-time while I attend the program
- \_\_\_\_\_ I will have family care responsibilities (caring for children, elderly parents, disabled spouse, etc.) while I attend the program