

APPLICATION FOR ADMISSION FOR AUGUST _____ (ENTER YEAR)
UNMC DENTAL HYGIENE PROGRAM

Note to Applicant:

Complete the following pages and mail directly to the UNMC College of Dentistry, Admissions Office, 40th and Holdrege Streets, Lincoln, Nebraska 68583-0740. Please indicate the program campus for which you would like to be considered. If you would consider placement at either campus, please rank them by preference (1st & 2nd).

Lincoln

West Division

It is your responsibility to submit to the UNMC College of Dentistry Admissions Office, high school and college transcripts, ACT or SAT scores, a picture of yourself and all other information requested on this application before the February 1st deadline.

After your application record is complete, an interview may be scheduled for you with the Admissions Committee.

Full Legal Name: (Please Print)

Last First Middle Maiden/Other Social Security No.
Last Name

Current Address:

Street City County State Zip Code

Permanent Address:

Street City County State Zip Code

Telephone Number(s):

email address:

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Current Number Cellular Number

***Date/Place of Birth:**

Month Day Year City, State or County Citizenship-Country

Parent(s)/Guardian(s):

___ Mr. & Mrs. ___ Dr. & Mrs. ___ Mr. & Dr. ___ Mr. ___ Mrs. ___ Ms.

First Middle Last

Street City State Zip Code

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Telephone Number

**Please see Affirmative Action Information statement on page three.*

LIST ALL EDUCATIONAL INSTITUTIONS YOU HAVE ATTENDED. List in chronological order the last high school, all colleges, universities (including any NU campus), professional, technical and business schools (whether day/night or by correspondence). Report ALL schools regardless of whether credit was earned. Attach supplemental list if necessary. Request each institution to mail official transcript directly to UNMC College of Dentistry Admissions Office, Room 101, 40th and Holdrege Streets, Lincoln, Nebraska 68583-0740.

High School:

Name	Address	City	State	Graduation Date
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Post-secondary Institutions:

Name	City	State	Entered Mo/Yr	Left Mo/Yr	Hrs. of Credit	Degree or Cert.\Date
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Employment:

Nature of Employment	Dates Held	Location
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Year for which you request entrance: August - Year _____

Have you previously applied to this program? Yes _____ No _____ Date _____

Please list other programs to which you have applied:

Scholarship and Financial Aid:

Do you want to be considered for scholarship or financial aid? Yes ___ No ___

Residency:

Do you claim to be a legal resident of Nebraska for tuition purposes? Yes ___ No ___

I have lived in Nebraska continuously since _____
Month Day Year

My parents are legal residents of the state of _____ since _____
Month Year

Essay:

Using an attachment, please explain why you have selected the Dental Hygiene profession and the UNMC College of Dentistry.

***Affirmative Action Information:**

Please provide the following information for affirmative action record-keeping purposes only. All data will remain strictly confidential. The furnishing of race/ethnicity, sex, age, and handicap information is not an admission requirement. Thank you for your assistance.

PLEASE CHECK CATEGORIES BELOW WHICH APPLY TO YOU

- Female Male
- Handicapped
- American Indian/Alaskan Native
- Black
- White
- Hispanic
- Asian/Pacific Islander
- Prefer Not To Answer

I certify that information on this application is complete, accurate, and true; and agree to abide by the policies and Regulations of the University of Nebraska. I understand that any information given falsely or withheld will affect the decision on my application and may make me ineligible for admission and/or enrollment.

APPLICANT'S SIGNATURE _____

DATE: _____, 20
 Month Day Year