

College of Health Sciences

Dental Hygiene Program Application

Instructions

Please read these instructions completely.

1. Apply to ULM. <https://www.ulm.edu/admissions/apply.html>
2. Submission of completed application package which includes:
 - *Dental Hygiene Application-Complete it, print, sign it.
 - *Official transcripts from all colleges and universities attended. ONE official sealed set to the ULM Admissions Office and ONE official set to the ULM Dental Hygiene Program. (700 University Avenue, 210 Caldwell Hall, Monroe, LA 71209-0420. Attn: Kim Whorton, Program Director
 - **Submission of ATDH scores (Admission Test for Dental Hygiene administered through the American Dental Association, Department of Testing Services; 211 E. Chicago Ave., Chicago, IL 60611; www.ada.org. (312) 440-2683. Approximate cost is \$140.00
3. Receipt of \$50.00 Dental Hygiene Program application fee to LA Capitol FCU- You will receive two receipts. One must be included with your application to the Dental Hygiene Program.
 - *University of Louisiana at Monroe
University Commons II, Suite 2152
4031 Northeast Drive
Monroe, LA 71209-0999
4. Submit your application packet by the due date by either mailing it, or personally turning it in at the Dental Hygiene office located at 210 Caldwell Hall, Monroe, LA 71209-0420.

****The ULM Dental Hygiene Admissions and Academic Standards Committee screens all applicants to confirm the minimum requirements are met and that applicants are eligible to move forward in the admissions process. The final selection of applicants is based on the rank of the final overall admissions scores. Admission to the ULM Dental Hygiene Program is highly competitive.**

College of Health Sciences

Dental Hygiene Program Application

This application **must** be submitted by
February 1st of the year the student wishes to enter.

BACHELOR OF SCIENCE DEGREE IN DENTAL HYGIENE

DATE: _____

NAME: _____
(Last)

SSN: (use no dashes) _____ **DATE OF BIRTH:** (mm/dd/yyyy) _____

PLACE OF BIRTH: _____

ARE YOU CLASSIFIED AS A LOUISIANA RESIDENT?

CURRENT and VALID E-MAIL ADDRESS: _____

HOME ADDRESS: _____
(street) (city) (state or country) (zip or postal code)

Home phone/cell: (____) _____

CURRENT MAILING ADDRESS: _____
(street)

(city) (state or country) (zip or postal code) (area code) Phone (use no dashes)

Name and location of High School attended:

Name of all Colleges and Professional Schools attended since leaving High School

Name of College or Professional School Entrance Date (mm/dd/yyyy) Leave Date (Degree Earned) (mm/dd/yyyy)

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Name of College or Professional School Entrance Date (mm/dd/yyyy) Leave Date (Degree Earned) (mm/dd/yyyy)

Are you prepared to meet the necessary expenses of the Dental Hygiene program? Yes No

***OFFICIAL TRANSCRIPTS (complete or incomplete) *MUST* be sent to the Dental Hygiene Program by February 1. Final transcripts should be sent following completion of Spring Semester.**

If attending college, list courses now in progress:

If you have had any dental, professional or business experience, please list where and dates.

My signature below certifies that I have read and understand the skill and technical standards required for the Dental Hygiene program as stipulated in the admissions information posted and I agree that the information given is accurate and true.

(signature)