



**APPLICATION FOR ADMISSION
Indiana University South Bend
Dental Hygiene Program**

This application is for the Associate of Science in Dental Hygiene (ASDH) and for the ENTRY LEVEL Bachelor of Science in Dental Hygiene (BSDH).

PERSONAL INFORMATION (Please print clearly in blue or black ink)

SSN or Assigned Student Number _____ *refer to end of application

_____ I decline to release my Social Security Number

Signature required to decline _____

Legal Name: Last Name _____ First _____ Middle _____

Street Address _____ City _____ State _____ Zip _____ County _____

Home phone with area code _____ Cell phone with Area Code _____ E-mail _____

ACADEMIC INFORMATION

Semester applying for: FALL 20 _____

Degree you are applying for: _____ ASDH _____ BSDH Entry Level

EDUCATIONAL INFORMATION

Name of High School	City and State	Graduation Date

Colleges /Universities Attended Begin with most recent attended, including IU campuses. Please use additional piece of paper if necessary. Name of School	City and State	Dates Attended Degrees Earned

Have you ever been on probation, suspended, dropped, or refused readmission at any college or university? Yes No

I have applied to Indiana University and paid the application fee at the _____ Campus.
 (Please indicate IUB, IUN, IUSB, IUPUI, IPFW, etc.)

EMPLOYMENT INFORMATION

Name of Employer	City	State	Title	Dates Employed

If you have applied to other dental hygiene programs in the state, rank your preference for acceptance with #1 being your first choice.

- _____ Indiana University School of Dentistry -Indianapolis
- _____ Indiana University Northwest -Gary
- _____ Indiana-Purdue University at Fort Wayne
- _____ University of Southern Indiana-Evansville
- _____ Ivy Tech Community College

Other: _____

APPLICANT SIGNATURE REQUIRED

I hereby give permission to the Admissions Committee to inspect my application and academic records.

Signature _____

Date _____

ALL APPLICATION MATERIALS MUST BE SUBMITTED BY FEBRUARY 1st.

NO ACTION WILL BE TAKEN ON YOUR APPLICATION UNTIL RECEIPT OF THE FOLLOWING MATERIALS:

1. Completed IU South Bend application.
2. Completed and signed Dental Hygiene Application.
3. Official transcripts of all college work.
4. Curriculum information sheet.
5. Register and submit to criminal background history check.
6. Sixteen (16) hours of observing 3 dental hygienists in 2 separate practices.

(An appointment in the IU South Bend Dental Hygiene Clinic may fulfill one 4-hour observation requirement).

**Once acceptance into the dental hygiene program is finalized, students enrolled at other Indiana University campuses must complete an intercampus transfer to enroll and register for classes at IU South Bend.*

Students are responsible for submitting transcripts as soon as pre-requisite courses are completed. Unofficial transcripts are accepted for Indiana University courses only.

**MAIL TO: Indiana University South Bend
 Dental Hygiene Program
 1700 Mishawaka Avenue
 P.O. Box 7111
 South Bend, IN 46634-7111**

*SOCIAL SECURITY NUMBER POLICY In accordance with the Privacy Act of 1974 and Indiana PL 22 of 1977, students and applicants are advised that the requested disclosure of their Social Security Number to designated offices is voluntary. The student has the right to refuse disclosure of this number or request its removal from the record without penalty. A special ten digit student identification number will be assigned for use throughout the duration of the student's involvement with University. The student identification number will be used to identify the student's records, such as permanent transcripts, registration, grade reports, transcript requests, to certify school attendance, and to report student status. The student's Social Security Number is not disclosed to individuals or agencies outside Indiana University, except in accordance with the Indiana University policy on release of student information.