



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

**This application is for the Bachelor of Science Degree Completion.**

**Applicants to this program must be graduates of an accredited associate degree program in dental hygiene.**

**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**

Year of graduation from associate degree program in dental hygiene \_\_\_\_\_

Semester applying for: SPRING 20 \_\_\_\_\_ SUMMER 20 \_\_\_\_\_ FALL 20 \_\_\_\_\_

**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

**APPLICANT SIGNATURE REQUIRED**

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

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Steps to follow in applying for the BSDH Completion Degree**

1. If you are a student **new** to Indiana University, complete an IU South Bend Application and submit to the Office of Admissions  
**OR**
2. If you are a **returning student** who has attended Indiana University previously, obtain and complete a RETURNING STUDENT FORM (available from the Dental Education Secretary or from the Registrars Office) and submit with your BSDH Completion Application.
3. Submit official transcripts of all college coursework taken outside of Indiana University. Unofficial I.U. transcripts will be accepted for returning Indiana University students.
4. Fill out the BSDH Degree Completion Worksheet with courses previously taken.
5. **If you are not a graduate of the Associate Degree Program at IU South Bend**, request two letters of recommendation from faculty or licensed dental professionals to be submitted directly to Dental Hygiene Program.

All application information must be submitted in the semester prior to beginning taking classes (March 1 for Summer Session I and II, August 1 for Fall Semester and November 1 for Spring Semester).

**MAIL TO:** Indiana University South Bend  
Dental Hygiene Program  
BSDH Degree Completion 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.