

## Instructions

**Please read these instructions completely.**

1. Save this file to your computer.
2. Print out these instructions for reference, if needed.
3. To fill out this application on your computer, you *must* use the latest version of Adobe Reader, available FREE at: [http://www.adobe.com/products/acrobat/readstep2\\_allversions.html](http://www.adobe.com/products/acrobat/readstep2_allversions.html)
4. To electronically complete this application, place your mouse on the line labeled "DATE:" The mouse cursor will change from a "hand" to an "I-beam". You may begin typing at this point.
5. Use the TAB key to move between areas on the application. DO NOT USE THE "ENTER" KEY TO TAB BETWEEN AREAS.
6. If a "Yes" or "No" response is required, click the appropriate box with your mouse to place an "X" in the box. Clicking the box again will remove the "X" from box. Please ensure that you have placed an "X" in either a "Yes" or "No" box to indicate your response.
7. When you have completed the application, print pages 2 through 4 of the application, sign the application and mail it along with your \$50.00 application receipt (see Step #8) to:

Mrs. Sharon Chaney  
Dental Hygiene Program Director  
The University of Louisiana at Monroe  
700 University Avenue  
Monroe, LA 71209-0420

8. A \$50.00 application fee must be sent to:

LA Capitol FCU  
University of Louisiana at Monroe  
University Commons II, Suite 2152  
4031 Northeast Drive Monroe, LA  
71209

Please make your check payable to ULM Dental Hygiene. LA Capitol FCU will deposit the application fee into Dental Hygiene's account and will mail two receipts to you. Please send one of these receipts in with your application to the Dental Hygiene Program and retain one for your records.

9. Applications manually typed on a typewriter are acceptable, but must be typed on this form.
10. Hand-written, incomplete, or unsigned applications will not be accepted.
11. If you want a copy of your completed application, either print two (2) copies or make a photocopy. This file cannot be saved in a completed format.
12. If you have any questions, comments, or need help filling out the application, please call the Dental Hygiene office at (318) 342-1621 or send an e-mail to: [chaney@ulm.edu](mailto:chaney@ulm.edu).



# College of Health Sciences

## Dental Hygiene Program Application

Application Fee of \$50.00. See Instruction Page

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

**DATE:** \_\_\_\_\_ I wish to apply to the following program:

**BACHELOR OF SCIENCE DEGREE IN DENTAL HYGIENE :**

**NAME:** \_\_\_\_\_  
(Last) (First) (Middle or Maiden)

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

**PLACE OF BIRTH:** \_\_\_\_\_

**ARE YOU CLASSIFIED AS A LOUISIANA RESIDENT?** Yes No

**CURRENT and VALID E-MAIL ADDRESS:** \_\_\_\_\_

**HOME ADDRESS:** \_\_\_\_\_  
(street)

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

**CURRENT MAILING ADDRESS:** \_\_\_\_\_  
(street)

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

Do you have any handicap or condition for which adaptations must be made or that might impair your ability to meet program requirements? If so, describe:

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Have you ever been treated for mental or emotional problems which may impair your ability to meet program requirements? If so, describe:

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ULM - Dental Hygiene Program Application

Name and location of High School attended:

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

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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)
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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)
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**\*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:

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My signature below attests the information provided in this application is accurate and true to the best of my knowledge:

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(signature)

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