



STATEMENT OF INTENT

DEPARTMENT OF DENTAL HYGIENE

Name _____ SID # _____ Other Names _____

Mailing Address _____

Day Phone #: () _____ Evening/Other Phone #: () _____ Email: _____

1. WHAT IS YOUR GOAL FOR ENTRY INTO DENTAL HYGIENE PROGRAM? Fall _____

2. PLEASE INDICATE YOUR INTENTIONS FOR TAKING REMAINING PRELIMINARY REQUIREMENTS EACH OF THE FOLLOWING QUARTERS.

FALL _____ YES <input type="radio"/> NO <input type="radio"/>	WINTER _____ YES <input type="radio"/> NO <input type="radio"/>	SPRING _____ YES <input type="radio"/> NO <input type="radio"/>	SUMMER _____ YES <input type="radio"/> NO <input type="radio"/>
List Courses: _____	List Courses: _____	List Courses: _____	List Courses: _____
COLLEGE: _____	COLLEGE: _____	COLLEGE: _____	COLLEGE: _____

3. CURRENT EMPLOYMENT (PAID AND/OR VOLUNTEER)

EMPLOYER: _____ <i>Dates employed:</i> _____ <i>Hours per week:</i> _____ <i>Duties:</i> _____ _____	EMPLOYER: _____ <i>Dates employed:</i> _____ <i>Hours per week:</i> _____ <i>Duties:</i> _____ _____
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4. HOW DID YOU HEAR ABOUT CLARK'S DENTAL HYGIENE PROGRAM? _____

5. ARE YOU NOW OR HAVE YOU EVER BEEN ENROLLED IN A COLLEGE DENTAL HYGIENE? YES NO

6. PLEASE LIST ALL THE COLLEGE(S) YOU ATTENDED. _____

I have reviewed the program requirements on the Clark College website. I am aware of entrance requirements, selection processes, required immunizations, criminal background issues, and all other specific program information. I am aware that completion of pre-entrance requirements does not guarantee entrance into the program, and understand that additional preparation may be needed for final program selection.

Signature

Date