

INDIANA UNIVERSITY- PURDUE UNIVERSITY FORT WAYNE (IPFW)

DENTAL ASSISTING PROGRAM



APPLICATION FOR ADMISSION

School Year Applying For:

Fall Semester 2010-2011 _____ (deadline March 1, 2010)

_____ **Student Identification Number**

Personal Data

Full Legal Name: _____
Last First Middle Maiden

Home Address: _____
Number Street (Ave., Rd., Etc.)

_____ County City State Zip Code

3. Current Address: _____
Number Street (Ave, Rd, Etc) City State Zip Code

4. Home Telephone: (_____) _____

5. Cell Telephone: (_____) _____

6. Work Telephone: (_____) _____

7. E-mail: _____

High School Information:

8. High School _____

Date of Graduation _____

Post-Secondary Education Information:

9. List below all non-IPFW educational institutions attended after high school. A current unofficial transcript from each college/university attended must be on file with this application by March 1st of the year you wish to enter. No action will be taken on your application until unofficial transcripts have been received from all colleges/universities you have attended.

NOTE: The IPFW University Admissions Office will require a separate set of official transcripts.

Name and location of Institution	Year Entered	Year Left	Full or Part-time	Diploma or Degree	Year Received or Expected
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10. Are you currently attending any college or university (including IPFW)? Yes () No ()

Name of institution _____

11. List your current and previous place of employment.

12. Have you ever been employed in a dental facility? If so, please list the name of the facility, the dates you were employed, and your occupation.

13. Completed application must be dated, signed, and received by the IPFW Dental Education Office by March 1, 2010.

Indiana University-Purdue University Fort Wayne
DENTAL ASSISTING PROGRAM
2101 E. Coliseum Blvd., Neff Hall 150
Fort Wayne, IN 46805-1499

14. FINANCIAL AID: All arrangements must be completed by July 15th to register for Fall Courses.

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

Signature _____ **Date** _____