INDIANA UNIVERSITY-PURDUE UNIVERSITY FORT WAYNE DENTAL HYGIENE PROGRAM
APPLICATION FOR ADMISSION

PLEASE NOTE:
THIS APPLICATION IS FOR THE IPFW DENTAL HYGIENE PROGRAM ONLY.
APPLICATIONS FROM OTHER PROGRAMS IN INDIANA WILL NOT BE ACCEPTED.

Personal Data
1. Name: ____________________________________________
   Last                      First                      Middle Initial                      Maiden Name

*** Address: ____________________________________________
   Street                      Apartment #

__________________________________________
City                      State                      Zip Code

Telephone (   ) ______________________
E-mail _______________________________

*** This address is where ALL correspondence will be sent through July 1ST, 2017.

3. List high school attended & date of graduation: ____________________________

4. Have you applied for admission to IPFW?  □ Yes  □ No
   Note: If you have not applied to IPFW, you must complete the Application for Admission to IPFW by
   February 1st, 2017 (available on-line at www.ipfw.edu/admissions/apply), unless you are currently an
   Indiana University or Purdue University student.

5. List all colleges and universities attended (including IPFW):

<table>
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<tr>
<th>Dates Attended</th>
<th>Name of Institution</th>
<th>City &amp; State</th>
<th>Full-time/Part-time</th>
<th>Degree Earned</th>
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6. List employment experiences:________________________________________________________

_______________________________________________________________________________

Have you ever worked as a dental assistant or been employed in a dental office?

☐ Yes  ☐ No

If yes, number of years:____________________________________________________________

7. List skills you have that demonstrate good hand-eye coordination and/or good manual dexterity (i.e., typing, playing the piano, etc.):_______________________________________________________________

_______________________________________________________________________________

8. Have you ever been on probation, suspended, dropped, or refused readmission at any college or university?

☐ Yes  ☐ No  ☐ Uncertain  (If the answer is Yes or Uncertain, please enclose written explanation.)

9. Have you previously applied to the IPFW Dental Hygiene Program?

☐ Yes  ☐ No

If yes, in what year?_______________________________________________________________

10. Indicate other dental hygiene programs where you have submitted an application:

☐ Indiana University School of Dentistry (Indianapolis)
☐ Indiana University South Bend (South Bend)
☐ Indiana University Northwest (Gary)
☐ Ivy Tech Community College East Central (Anderson)
☐ Ivy Tech Community College North Central (South Bend)
☐ University of Southern Indiana (Evansville)
☐ Other___________________________________________

☐ None

All application materials must be received by the Dental Hygiene Program office by February 1st, 2017. Please DO NOT send these materials to IPFW Admissions.

Your application will not be considered until the following materials are received:

1. Completed, signed IPFW Dental Hygiene Program Application.

   Note: Applications from other programs will NOT be accepted.

2. IPFW Curriculum Information Form.

3. IPFW Dental Hygiene Observation Verification Form(s).

4. Official transcripts from ALL colleges and universities attended.

   Note: IU, Purdue and IPFW students can submit unofficial transcripts.

FINAL ACTION WILL BE TAKEN FOLLOWING RECEIPT OF FINAL OFFICIAL SEMESTER TRANSCRIPTS.

Please contact the IPFW Dental Hygiene Program office IMMEDIATELY at (260) 481-6837 if any of the information on this application changes in any way (i.e. address, phone number), or if you wish to withdraw your application.

I hereby give permission to the IPFW Dental Hygiene Program Admissions Committee to inspect my application and academic records.

Date:__________________    Signature:______________________________________________

DEPARTMENT USE ONLY: Date Application Received:______________________________

Updated 3/16/2016