

West Liberty University
School of Dental Hygiene
Application for Admission

Name _____ Date _____

Address: _____ Date of Birth: _____

City: _____ County: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

E-Mail: _____

West Liberty University offers two programs for Dental Hygienists:
(indicate which you prefer)

- The Two-year program leading to an Associates Degree in Dental Hygiene
- The Four-year program leading to a Bachelor of Science Degree in Dental Hygiene
- If unable to start in the two-year program, please enroll me in the four-year plan with the understanding that if a spot becomes available I will be considered for this term only

NOTE: If accepted into the four-year program, you will need to re-apply to the two-year program when you are ready to start the two-year program.

EDUCATION:

	NAME	GRAD DATE	DEGREE(S) EARNED
High School	_____	_____	_____
College	_____	_____	_____
Other	_____	_____	_____

Did you complete the following:	High School	Grade Earned	College	Grade Earned
	<input type="checkbox"/> Biology	_____	<input type="checkbox"/> Biology	_____
	<input type="checkbox"/> Chemistry	_____	<input type="checkbox"/> Chemistry	_____
	<input type="checkbox"/> Anat./Phys.	_____	<input type="checkbox"/> Anat./Phys.	_____
	<input type="checkbox"/> Algebra	_____	<input type="checkbox"/> Algebra	_____

Have you taken: ACT Score: _____ Date Taken: _____
 SAT Score: _____ Date Taken: _____

Applications due by January 15 of the year you want to enter program

Please submit a one page typed essay describing your reasons for choosing Dental Hygiene as a career. This essay will be evaluated for grammar, spelling, and writing style.

APPLICATION CONTINUES ON THE BACK

List any extra-curricular activities in which you participated in high school or college:

Have you received any honors, prizes, or scholarships? If so, please list.

If you have work experience, please fill out the following (most recent positions held):

Employer: _____ Address: _____

Type of Work: _____ Dates of Employment: _____

Employer: _____ Address: _____

Type of Work: _____ Dates of Employment: _____

Applications due by January 15 of the year you want to enter program

ATTENTION APPLICANTS: When applying to the School of Dental Hygiene, please remember that the Dental Hygiene application is a separate application from the college application. Both applications are required to be considered for admission into the Dental Hygiene Program.

Signature of Applicant _____

Mail this application to the following address.

Attn: Program Director
School of Dental Hygiene
West Liberty University
P.O. Box 295 /CSC 121
West Liberty, WV 26074

If you have any question on completing this application, please call (304) 336-8030 or ((866) 937-8542 ext. 8030.

Visit us on the web at www.westliberty.edu