

Indiana University South Bend  
 Vera Z. Dwyer College of Health Sciences  
 Dental Education  
 1002 S. Esther St.  
 South Bend, Indiana 46615  
 Phone: (574)520-4158  
 Fax: (574)520-4854



# Application for Admission

## BSDH Entry-level

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

\*Email: \_\_\_\_\_

\*Please note that email is the primary method by which you will be notified of your application status

**Year Applying For:** \_\_\_\_\_

**Please indicate where you prefer to be accepted:**

- Indiana University South Bend
- Indiana University Northwest
- Indiana University Purdue University Indianapolis
- Indiana University Purdue University Fort Wayne
- University of Southern Indiana
- Ivy Tech South Bend
- Ivy Tech Anderson

**Education**

Type of School	Name of School and Complete Mailing Address	No. Years Completed	Major or Degree
High School			
College or University			
College or University			

Use this space to add any additional colleges or universities attended or give any explanation about your college history:

Have you ever been convicted of a crime:  Yes  No

If yes, please explain

Have you ever been in a dental hygiene program before and not completed it?  Yes  No

If yes, please explain (if you need more space, attach a separate word document to your application)

Do you hold any other health care licenses?  Yes  No If yes, what type? \_\_\_\_\_

Have you ever had a health care license revoked or denied?  Yes  No If yes why?  
 If extra space is needed, please attach a separate document.

Application continues on the next page

**Use this space to answer your personal statement "What does becoming a dental hygienist mean to me?" 300 words or less. If more space is needed, a separate page may be attached; please indicate if you are including an attached document.**

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

To be eligible for dental hygiene testing and licensure you **MUST** have or be eligible for a U.S. Social Security Number. By checking the box, you are stating you are eligible or have a social security number. Applications will still be considered without a social security number, but applicants are advised they may not be eligible for licensure in the United States.

You should print this form to a pdf file on your computer and save it with your name as the file (Last name, first name). You will then print and sign and mail it or attach it to an email. If you have an Adobe account, you can digitally sign this, save, and email to the program.

Signature Field

Date

**Due dates for application materials: March 1<sup>st</sup>**

**NO ACTION WILL BE TAKEN ON YOUR APPLICATION UNTIL RECEIPT OF THE FOLLOWING MATERIALS:**

1. Completed IU South Bend application submitted to Office of Admissions (for non-IU students).
2. Completed and signed Dental Hygiene Application submitted to Dental Education.
3. Official transcripts of all college work. **Students are responsible for submitting transcripts as soon as pre-requisite courses are completed. Unofficial transcripts are accepted for Indiana University courses only.**
4. Curriculum Information sheet providing information regarding pre-requisite courses completed and those currently enrolled.
5. Personal Essay: 300 words typed answering "What does becoming a dental hygienist mean to me?"
6. Four(4) hours of observation are required, observing two (2) hygienists in two (2) different practice settings.  
(An appointment in the IU South Bend Dental Hygiene Clinic may fulfill one 2-hour observation requirement).

*\*Once acceptance into the dental hygiene program is finalized, students enrolled at other Indiana University campuses must complete an intercampus transfer to enroll and register for classes at IU South Bend.*

*You may email your application by clicking above, or print your application and mail it in to our department.*

**MAIL TO: Indiana University South Bend  
Vera Z. Dwyer College of Health Sciences  
Dental Education  
1002 S. Esther St.  
South Bend, Indiana 46615**

\*SOCIAL SECURITY NUMBER POLICY In accordance with the Privacy Act of 1974 and Indiana PL 22 of 1977, students and applicants are advised that the requested disclosure of their Social Security Number to designated offices is voluntary. The student has the right to refuse disclosure of this number or request its removal from the record without penalty. A special ten digit student identification number will be assigned for use throughout the duration of the student's involvement with University. The student identification number will be used to identify the student's records, such as permanent transcripts, registration, grade reports, transcript requests, to certify school attendance, and to report student status. The student's Social Security Number is not disclosed to individuals or agencies outside Indiana University, except in accordance with the Indiana University policy on release of student information.