Vancouver College of Dental Hygiene

APPLICATION FOR ADMISSIONS

Please complete this form in full.

PERSONAL INFORMATION

Name: First _____ Last _____ Middle _____

Birth date: _____ (DD/MM/YY)

Sex: ☐ Male ☐ Female ☐ Other Gender Identity _____ (optional)

Street Name _____

City: _____ Province: _____ Postal Code: _____

Telephone (Home) _____ (Work) _____ (Cell) _____

E-mail: _____

Are you a Canadian citizen? ☐ YES ☐ NO

If NO, do you have one of the following:

Landed Immigrant ☐   Permanent Resident ☐   Refugee Status ☐

Student Visa ☐   Visitor Visa ☐ Country of origin: _____

Supporting Documentation attached: ☐ YES ☐ NO

Do you identify yourself as an Indigenous person? : ☐ YES ☐ NO

If YES, Please select one of the following:

First Nations ☐   Metis ☐   Inuit ☐

Supporting Documentation attached: ☐ YES ☐ NO

Alternative Contact Information

Name: [   ] Relationship: [   ] Tel: [   ]

Contact Person In Case of Emergency

Name: [   ] Relationship: [   ] Tel: [   ]

WHICH PROGRAM ARE YOU APPLYING FOR: **Dental Hygiene**

WHICH START DATE ARE YOU APPLYING FOR: [   ]**?**

                                                                    Month & Year

EDUCATION:

High School Diploma

Name of School: [   ] Location of School: [   ]

POST-SECONDARY EDUCATION

Please list all academic Institutions that you have attended since leaving Elementary/High School: Attach an additional sheet if necessary.

Academic Institutions Attended (List most recently attended first)	Location	Program	Certification: Record of Achievement, Diploma, Degree, Etc.	Year Entered	Year(s) Left(s)	Expected Date to be Completed	Year Completed

SIGNATURE

I certify that all of the above information is correct and complete.

☐ I will provide official transcripts to the admissions office.

☐ I have read over the entrance requirements and am qualified to write the entrance examination.

Print Name: |_____| Signature: |_____|

Date: |_____|

Scan the application to: admissions@vancouver-college-dental.org

Fax application to: 604-215-7660

Mail application to: Vancouver College of Dental Hygiene Inc., 1205 – 6th Ave. New Westminster B.C. V3M 2C1 Attention: Admissions Department