



Vancouver College[™] of Dental Hygiene^{inc.}

APPLICATION FOR ADMISSIONS

Please print clearly and 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

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:

Highest level completed:

High School Diploma College Diploma University Degree

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 Completed	Expected Date to be Completed	Year Entered	Year Left

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 qualify to write the entrance examination.

Print Name: _____ Signature: _____

Date: _____

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

Fax application to: 604-215-7660

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