



## 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](mailto: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