



Providing Excellence in Education

Academic Application

Full Name: _____ Date: _____
 Last First M.I.

Address: _____
 Street Address Apt/Unit #

 City State ZIP Code

Phone: _____ Email _____

Preferred Start Date: _____ Social Security No.: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Do you currently work in a Dental Office? YES NO If yes, where? _____
 (Office name)

If yes, will your office allow you to complete your clinical portion in the office? YES NO

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

