

COMPLETE AND RETURN TO: University of Hawai'i at Manoa
 School of Nursing & Dental Hygiene
 Department of Dental Hygiene
 2445 Campus Road, Hemenway 200-B
 Honolulu, Hawaii 96822

Please print clearly or type.

DENTAL HYGIENE APPLICATION/DEMOGRAPHICS FORM FOR BACHELOR OF SCIENCE (BSDH)

Today's Date: _____

APPLYING FOR:
 Fall: 20_____

NAME: _____ **Birth Date:** ____/____/____

Student Banner No. : _____ **Birth Place:** _____

SEX: _____ F _____ M

ADDRESS
 (Current): Street Number & Name: _____

City: _____ State: _____ Zip Code: _____

(Permanent): Street Number & Name: _____

City: _____ State: _____ Zip Code: _____

PHONE, etc,
 Curr: (____) _____

Perm: (____) _____

Work: (____) _____

Cell or Pager: _____

e-mail: _____

NAME OF HIGH SCHOOL: _____ **YEAR GRADUATED:** _____ **LOCATION:** _____

SAT: Verbal: _____ Math: _____ High School Quintile: _____

Military Status: (Mark "X" on all that applies on Branch and Status. If dependent of, mark "D" on Branch and Status):

Branch: _____ Air Force _____ Coast Guard _____ Status: _____ Active Duty _____ Served in: _____ OIF
 _____ Army _____ National Guard _____ Veteran _____ OEF
 _____ Marines _____ Reservist _____
 _____ Navy

COLLEGES OR UNIVERSITIES ATTENDED: *							
<u>Name of College/University</u>	<u>From-To(Mo/Yr)</u>	<u>CRS.</u>	<u>GPA</u>	<u>Major</u>	<u>Degree Received</u>	<u>Date</u>	<u>Transcript Requested/In</u>
1. _____	_____	_____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____	_____	_____

RESIDENCY: Hawaii: ___Yes ___No If no, of what state or country are you a legal resident? _____

How many years? _____ Visa: ___ F-1, ___ J-1, Other: _____

ETHNICITY: (Check all that apply)

Hispanic/Latino Origin
 American Indian or Alaskan Native
 Black or African American
 Native Hawaiian or Other Pacific Islanders
 Guamanian or Chamorro
 Native Hawaiian
 Samoan
 Other Pacific Islander
 White

If Asian, please specify:
 Asian Indian
 Cambodian
 Chinese
 Filipino
 Japanese
 Korean
 Malaysian
 Pakistani
 Vietnamese
 Other Asian

Have you applied to UHM Dept. Dental Hygiene before? ___ Yes ___ No **IF YES, when?** _____ Sem. _____ Yr.

Have you had an appointment with the Dental Hygiene Faculty Advisor? ___ Yes ___ No

Enter grade for pre-dental hygiene course requirements completed:

Grade	Course	Grade	Course	Courses Enrolled in Currently:
_____	Physiology 103 or equiv. (5)	_____	English 100 (3)	
_____	Physiology 103L or equiv. (1)	_____	Psychology 100 (3)	
_____	Biochemistry 241 or equiv. (3)	_____	Sociology 100 (3)	
_____	Microbiology 130 (3)	_____	Speech 151 (3)	
_____	Microbiology 140 (2)			
_____	Food Sci. & Human Nutri. 185 (3)			

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