

**COLLIN COUNTY COMMUNITY COLLEGE  
APPLICATION FOR ADMISSION  
Associate of Applied Science Degree in Dental Hygiene**

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name \_\_\_\_\_  
                     Last                    First                    MI                    Other Names Records Are Under

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
                     Home  Business

Alternate Method of Contact:

\_\_\_\_\_  
                     Name of Employer  Type of Work

\_\_\_\_\_  
                     Street Address                                    City                            State/Zip                    Telephone

**Record of Education**

GED/High School Attended	Course of Study	Years Attended	Date Graduated

College, University Attended (including CCCC)	Major/Minor	Dates Attended	Credit Hours Completed

Degree Earned \_\_\_\_\_ College Awarding Degree \_\_\_\_\_

Date of Graduation \_\_\_\_\_ PSB Allied Health Aptitude Exam:  
   \_\_\_\_\_ already completed; date \_\_\_\_\_  
   \_\_\_\_\_ have not taken  
   \_\_\_\_\_ plan to take on \_\_\_\_\_

Expected Date of Entry: Fall 20 \_\_\_\_\_

Date of Application: \_\_\_\_\_

List Other Programs To Which You Have Made Application: \_\_\_\_\_

**RETURN THIS COMPLETED FORM TO:**

**Director of Dental Hygiene  
Collin County Community College  
Room A121  
2200 W. University Drive  
McKinney, TX 75070**

\_\_\_\_\_  
                     Signature  Date

My signature certifies that all information given on this application is complete and accurate. (Applications will not be considered without a signature.)

CCCC does not discriminate on the basis of race, color, religion, age, sex, national origin, disability of veteran status.