



Dental Assisting Program Admission Application

USI Student ID Number _____ (Not your Social Security number)

Name _____
Last First Middle Maiden Name

Current Address _____

City _____ State _____ Zip Code _____

Current Phone Number (_____) _____ - _____ Email _____

Permanent Address (if different from above) _____

City _____ State _____ Zip Code _____

Social Security Number _____ - _____ - _____

(Mandatory disclosure of Social Security number is required due to the Zachary Law and licensure application requirements.)

Post Secondary Education (Since high school)

Dates		Name of Institution	City and State	Major	Credential Earned (Diploma, Certificate, Degree)	GPA
From	To					

Official transcripts of high school or GED scores and all post high school education must be submitted to the Office of Admission, 8600 University Boulevard, Evansville, IN 47712.

Employment History (List present or most recent employment first.)

Dates		Title of Position	Employer	City and State
From	To			

Community Activities: List community organizations, board memberships, offices held, and professional activities that serve the community. Include activities during the last three years.

Organization/Association	Description of Duties	Dates

Attach any additional listing of community activities to the application.

Have you previously applied to a USI College of Nursing and Health Professions program or another university/college dental assisting program? No Yes

If yes, name of program/university/college _____

Reason for non-acceptance _____

Have you started a dental assisting program at another university/college and did not complete the program? No Yes

If yes, name of school/s _____

Reason for leaving _____

Have you been convicted of a felony? No Yes

(Information necessary for license application.)

Have you been convicted of a misdemeanor? No Yes

(Information necessary for license application.)

Have you been convicted of a sex offense against children? No Yes

(Requirements of Indiana Public Law 11-1994.)

Person to be notified in case of an emergency _____

Relationship _____ Telephone (_____) _____ - _____

By signing below I am verifying that all the above information is true and accurate to the best of my knowledge. I also authorize the Dental Assisting Program Admission Committee to review and verify my application and academic records.

Printed Name _____ Date _____

Signature _____

Return this application and the Dental Office Observation Verification Form to:

Dental Assisting Program Admissions
University of Southern Indiana
8600 University Boulevard, HP 2068
Evansville, Indiana 47712

All application materials must be received by the USI Dental Assisting Program before an admission decision can be made.

Application Deadline: March 1

It is the policy of the University of Southern Indiana to be in full compliance with all federal and state non-discrimination and equal opportunity laws, orders, and regulations relating to race, sex, religion, disability, age, national origin, sexual orientation, or veteran status. Questions or concerns should be directed to the Affirmative Action Officer, USI Human Resources Department, University of Southern Indiana, 8600 University Boulevard, Evansville, Indiana 47712.