



School of Dental Health Science
Office of Admissions
Pacific University
222 SE 8th Avenue, Ste. 212
Hillsboro, OR 97123
www.pacificu.edu

Bachelor of Science Degree Completion Program

The mission of the School of Dental Health Science at Pacific University is to provide an outstanding education for our students, high-quality care for our patients and exemplary service to the community and the profession. The dental health degree completion program is intended for current dental health professionals who wish to pursue a Bachelor of Science degree in Dental Health. Students may attend on a part-time basis and do not need to complete courses in sequence.

Important Dates

Spring Semester 2010 Entry Application Deadline (postmarked)	December 1, 2009
Fall Semester 2010 Application Deadline (postmarked)	July 1, 2010
On-Campus Interviews	Ongoing

PLEASE READ ALL INSTRUCTIONS CAREFULLY

The accuracy, completeness and neatness of your application are determining factors in our admission decision. Failure to submit a complete or accurate application may result in disqualification for admission or dismissal from the program. The Admissions Committee will not evaluate an incomplete application.

APPLICATION PACKET INSTRUCTIONS & CHECKLIST

- **Fee** – A non-refundable application fee of \$25 (US) must be submitted with the application. Please make check or money order payable to Pacific University, or contact the Office of Admissions at 1-800-933-9308 to pay by credit card.
- **Application**
 - **Applicant Information** – Please complete all information and sign the signature line.
 - **Essays** – All responses must be typed, double-spaced, 12 pt. font. Responses to each question should be no longer than one (1) page in length.
 - **Official Prerequisites** – Enter coursework you have completed, or plan to complete by the start of the program. All prerequisite coursework must be completed by the start of your semester of entry. You must complete this worksheet even if you have already submitted an *unofficial* worksheet.
- **Official Transcripts** – Submit one sealed official transcript, with all your current grades, from each college you have attended. Do Not Open Transcript. Place each sealed transcript from the college(s) in your application packet. A final official transcript of any course(s) in progress will be required, including graduation verification, if applicable, before an admitted student will be permitted to enroll in the Bachelor of Science degree completion program.
- **Credentials** – Submit a copy of your current Dental Assisting Certificate and/or Dental Hygiene License(s).
- **Please make a photocopy of your application for your records.**

SEND COMPLETED APPLICATION PACKET, WITH ALL SUPPLEMENTAL MATERIALS TO:

Office of Admissions
Pacific University
222 SE 8th Avenue, Ste. 212
Hillsboro, OR 97123

You will be notified by regular mail, or email, whether your application is complete or not.

CONFIDENTIALITY: This application will be retained in the student's file, should the applicant matriculate. In accordance with the Family Educational Rights and Privacy Act of 1974 (FERPA), matriculating students do have access to their permanent files, which may include this form. Pacific University does not provide access to admissions records to applicants who are denied admission, or students who decline an offer of admission. These policies may be of assistance to you as you complete the forms.



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Application for Entry (please check one):
____ Spring Semester 2010
____ Fall Semester 2010

PERSONAL/BIOGRAPHICAL INFORMATION - Type or print clearly.

Name _____ Male Female
Last First Middle

Preferred Name _____ Maiden/Former Name _____

Social Security Number _____ Marital Status (response is optional) _____

Mailing Address (Valid until date: _____)
Street/PO Box

City State Zip/Postal Code Country

Permanent Address _____
Street/PO Box

City State Zip/Postal Code Country

(_____) (_____) _____
Home Phone Other Phone Email Address

Date of Birth _____ Place of Birth (Country) _____ Legal State of Residence _____

Native Language _____ *Citizenship _____

Ethnicity (check one; response is optional) Hispanic/Chicano/Latin Pacific Islander Asian
 African-American/Black Non-Hispanic Alaskan Native American Indian White Other

*** NON-CITIZENS**

What type of visa do you currently hold? _____
(Students holding an immigrant/resident visa should include a photocopy of their visa card with the application)

Test of English as a Foreign Language (TOEFL) Date _____ Score _____
(Official TOEFL scores required - minimum paper based test score 600, minimum computer based test score 250, minimum internet based test score 100)

ADDITIONAL INFORMATION

Have you attended Pacific University before? Yes No When? _____

Have you applied to the School of Dental Health Science before? Yes No When? _____

Have you ever been dismissed from any school or college? Yes No (If yes, explain on a separate piece of paper)

How did you first hear of Pacific University? _____

Who or what influenced you to apply? _____

Have you submitted an unofficial prerequisite worksheet for review? Yes No Date _____

Have you applied to other degree completion programs? (Response is optional) Yes No

If yes, please list the programs to which you have applied or intend to apply: _____

Are you completing a Free Application for Federal Student Aid (FAFSA)? Yes No When? _____

(Please note: Pacific University's Title IV code number is 003212)

COLLEGE/UNIVERSITY INFORMATION

List all colleges/universities attended (even if for only one course) during and after high school. **Submit official transcripts for each college or university attended. Include official AP scores, if appropriate.** (Please note: AP scores of 4 or 5 accepted)

From Mo/Yr	To Mo/Yr	Name of College or University (complete name--no abbreviations)	City, State	Degree Earned	Date Transcript Requested

Did you graduate from an accredited dental assisting and/or dental hygiene program? Yes No

Institution(s)? _____

EXPERIENCE IN DENTAL HEALTH AND OTHER HEALTH PROFESSIONS

Do you currently work in the dental health field? Yes No

Position _____ How long? _____

Are you a licensed dental hygienist? Yes No State(s) _____

(If yes, please submit a copy of your current license with the application)

Are you a nationally Certified Dental Assistant (CDA)? Yes No

(If yes, please submit a copy of your current certification with the application)

ESSAYS

Please complete the following essay questions on a separate sheet of paper. All responses must be typed, double-spaced, 12 pt. font. Responses to each question should be no longer than 1 page in length.

1. Why do you want to pursue a Bachelor of Science degree in Dental Health?

2. What are your professional goals for the future & how do you plan to accomplish your goals?

**** Optional Essay:** State any other additional pertinent information that you think we should know in order to more fully evaluate your application for admission to the Bachelor of Science degree completion program.

ART: 3 semester hours or 3 quarter hours (Quarter Hours ÷ 1.5 = Semester Hours)

Must include:

- Art, Music **OR** Theater – 1 course

Dept. & No.	Course Title	Semester Hours	Grade	R	Date Completed	To Be Completed	Institution

FOREIGN LANGUAGE: 3 semester hours (Quarter Hours ÷ 1.5 = Semester Hours)

- Spanish preferred

Dept. & No.	Course Title	Semester Hours	Grade	R	Date Completed	To Be Completed	Institution

HUMANITIES: 10 semester hours (Quarter Hours ÷ 1.5 = Semester Hours)

Can include:

- Ethics, History, Language, Literature, Media Arts, Philosophy **AND/OR** Religion – Approximately 5 courses

Dept. & No.	Course Title	Semester Hours	Grade	R	Date Completed	To Be Completed	Institution

Please Note:

- You must have completed a minimum total of 90 semester hours prior to starting the degree completion program.
- For credits to be counted, the course must be 100-level or higher.
- You must complete this worksheet even if you have already turned in an unofficial worksheet.

I affirm that all the information contained in this application is true and correct to the best of my knowledge. I understand that the falsification of any part of this application is grounds for my disqualification for admission or dismissal from the program. In addition, I understand that this application becomes the property of Pacific University and is not returnable. I further understand that the application is accessible to faculty, staff and members of the Admissions Committee.

Signature _____

Date _____

**SEND COMPLETED APPLICATION
WITH ALL SUPPLEMENTAL MATERIALS, IN ONE ENVELOPE, TO:**

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