



Dental Studies

PO Box 9020, Tyler, TX 75711

**DENTAL HYGIENE ASSOCIATE DEGREE
PROGRAM APPLICATION 2024**

Complete program information is available at
www.tjc.edu/dental.

APPLICATION MUST BE FILLED OUT COMPLETELY. Applicants must have applied and been accepted as a TJC student to continue.

STUDENT INFORMATION

Applicant Name: _____ A Number: _____

Cell Phone #: _____ Alternate phone number#: _____

TJC Email Address*: _____ 2nd Email Address: _____

*All official email from the institution will go the students TJC email address.

Address (street/apt): _____

City/State/Zip: _____

County: _____

Do you live ☐ In District ☐ Out of District

Are you a US Citizen? ☐ Yes ☐ No

Emergency Contact Name: _____

Address: _____

Phone #: _____

ACADEMIC INFORMATION

Please list all former colleges that you have attended:

Have you been registered in schools or colleges under a different name? ☐ Yes ☐ No If yes, please list names: _____

Have you attended TJC? ☐ Yes ☐ No If yes, what semester/year were you last enrolled? _____

Have you earned a degree? ☐ Yes ☐ No If yes, list degree and graduation date: _____

Have you been enrolled in any health-related programs at TJC or any other school? ☐ Yes ☐ No

If yes, which program(s): _____

If you were previously enrolled in a health-related program, and you did not complete, are you eligible for

readmission? ☐ Yes ☐ No ☐ N/A

Have you previously applied to the TJC Dental Hygiene Program? ☐ Yes ☐ No If yes, what year? _____

Do you have an active Certified Dental Assisting License? ☐ Yes ☐ No If yes, did you attend a CODA accredited dental assisting school (these schools are at least 1 year long)? ☐ Yes ☐ No

I hereby certify that statements made by me in this application are true and correct to the best of my knowledge and belief, and hereby grant Tyler Junior College permission to verify such answers. I understand that any false statements on this application for selective admission may be considered as sufficient cause for rejection of this application and/or dismissal from the department and/or the College.

Signature

Date