

**Utah Valley University**  
**Application for Associate in Dental Hygiene**  
**EXAMPLE ONLY - Apply online - DO NOT SUBMIT**

**1. Personal Information**

Please read and follow all instructions and complete all sections. Incomplete applications will not be considered. Student must apply to UVU before completing application.

UVU ID Number	
First Name	
Last Name	
Date of Birth	
Current Phone # and Alternate #	
Email address	
Local Address	
Permanent Address	

**2. Education Experience**

List all information regarding post high school college/university attended or currently attending.

<b>Name of Institution</b>	<b>City and State</b>	<b>Dates Attended</b>	<b>Degree</b>

### 3. Prerequisite Course Completion

All of the following courses must be completed by the application deadline:

Course	Prefix and Course #	Grade	College
Introduction to Writing (ENGL 1010)			
Elementary Chemistry (CHEM 1110)			
Human Anatomy/Lab (ZOOL 2320/2325)			
Human Physiology/Lab (ZOOL 2420/2425)			

*If a final grade is not available for any of the above prerequisite courses by the Feb. 1<sup>st</sup> deadline, and is not posted on your official transcript, you are not eligible to apply at this time. International students must contact the UVU Admissions Office for guidance on having their transcripts and coursed evaluated prior to application.*

All of the below courses must be completed by the start of the Dental Hygiene Program

Course	Prefix and Course #	Date to be completed	College
Public Speaking (COMM 1020)			
Intro to Sociology (SOC 1010)			
General Psychology (PSY 1010)			
Statistics or Quantitative Reasoning STAT 1040 or 1045 or MATH 1030, 1035, 1050, or 1055			
Microbiology/Lab (MICRO 2060/2065)			

## 4. Additional Requirements Needing Completion

The following must also be finished and submitted at the time of completing the online application prior to the February 1<sup>st</sup> deadline. Please call our administrative assistant if you want to verify all items have been received 801-863-7536.

- Health Science Reasoning test score
- Names and emails for two personal character references from an academic instructor or supervisor. UVU will contact your references for their recommendation.
- Clinical Observation form
- 2 page, double spaced, essay about yourself and why you are a good candidate for the UVU Dental Hygiene Program.

## 5. Interview

Interviews are suspended at this time. The top 20 applicants will be admitted based on merits of their application.

## 6. Signature

By Signing this application, I understand that. . .

1. Only complete applications will be reviewed; it is MY RESPONSIBILITY to submit, by the deadline, all required documents, including transcripts, HSRT score results, Clinical Observation form, Essay, 2 Character References, and Application Fee. I assume full responsibility, as well as any consequence, if application instructions are not followed.
2. If accepted, I will be expected to make the dental hygiene program my first priority. The dental hygiene program cannot make accommodations to fit my work schedule. Flexibility in my work and family schedule is MY responsibility. This program requires full commitment each semester, from the first day of class until the last day of class. Daily class attendance is mandatory. If unable to make this commitment, it is strongly suggested that I postpone my application until a time when I am willing and able to make this full commitment.
3. I understand that I will be asked to spend time off campus at clinical sites, and that some of these experiences may be in the evening and on weekends. I am strongly encouraged to acquaint myself with the demands associated with dental hygiene. UVU dental hygiene students are expected to demonstrate the ability to perform functions similar to what would be expected in a dental employment situation. I must be able to tolerate physically and emotionally taxing activities and perform appropriately during stressful situations, in order to meet the demands of the program and eventually the profession.
4. I have read the complete instructions and understand the full requirements for acceptance into the dental hygiene program. I know the date of the interview, know that I will be contacted via email only for an interview, and know that if I fail to respond in the scheduled time, or fail to follow through with any deadlines I will forfeit my interview, candidacy, and possible acceptance.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_