

**TENNESSEE STATE UNIVERSITY
DEPARTMENT OF DENTAL HYGIENE
Application for Admission**

Legal Name: _____ SS#: _____

Maiden Name: _____ Sex: _____ US Citizen: _____

Local Address: _____

City: _____ State: _____ Zip: _____

Local Telephone: Hm: _____ Bus: _____ Cell: _____

Permanent/Home State Address: _____

City: _____ State: _____ Zip: _____

Permanent/Home State Telephone: Hm: _____ Bus: _____

Date of Birth: _____ Single: _____ Married: _____ Divorced _____

E-mail Address: _____

Please Check One of the Following:

- _____ African American, Non Hispanic
- _____ American Indian or Native American
- _____ Asian or Pacific Islander
- _____ Hispanic
- _____ White, Non Hispanic
- _____ Other

New Applicant: _____ Previous Applicant: _____ Application Date: _____

High School: _____ HS Graduation Date: _____

City: _____ State: _____ Zip: _____

ACT/SAT Test Date: _____ Composite Score: _____

GED Score: _____ Date Taken: _____

Grade Point Average: High School: _____ College: _____

Compass Placement Test: (if less than 19 on any subject on ACT or SAT equivalent) _____

Date Taken: _____ Required Courses (as result of Compass): _____

Date Completed Required Courses (as a result of Compass): _____

List all Colleges/Universities attended including TSU:

1. _____ Date: _____

2. _____ Date: _____

3. _____ Date: _____

Currently Enrolled at TSU: Yes _____ No _____

If not, have you received an acceptance letter from TSU? Yes _____ No _____

Have you successfully completed the following pre-requisite college courses?

| | | |
|-------------------------|-----------|----------|
| English Composition I | Yes _____ | No _____ |
| Anatomy & Physiology I | Yes _____ | No _____ |
| Anatomy & Physiology II | Yes _____ | No _____ |
| Microbiology | Yes _____ | No _____ |
| Humanities | Yes _____ | No _____ |

Degree Desired: Associate of Applied Science _____ Degree Completion (Bachelor of Science) _____

I understand that withholding information requested in this application or giving false information may make me ineligible for admission or continuation in the Dental Hygiene Program. I certify that the information contained herein is correct and complete.

Signature: _____ Date: _____