

**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: H: \_\_\_\_\_ Bus: \_\_\_\_\_ Cell: \_\_\_\_\_  
Permanent/Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Permanent/Home Telephone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_  
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: \_\_\_\_\_ GPA 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 \_\_\_\_\_

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: \_\_\_\_\_