

Program of Dental Hygiene

Application for Admission

Fall 2026

**Please print or type all responses.**

Previous Applicant? \_\_\_ Yes \_\_\_ No If yes, In what year did you last apply?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Full Legal Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last First Middle/Maiden

Cell Phone Number (\_\_\_\_\_\_) \_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_ Permanent Phone Number (\_\_\_\_\_\_) \_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Local Address with Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Permanent Address with Zip Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(This is our primary means of communicating with applicants. Please provide an address you check often.)

**\*Gender: \_\_\_Male \_\_\_Female\_\_\_ No Response**

**\*Ethnicity: \_\_\_Hispanic or Latino \_\_\_ American Indian or Alaska Native \_\_\_Asian \_\_\_Black/African American**

**\_\_\_Native Hawaiian or Other Pacific Islander \_\_\_White \_\_\_ Two or More Races (select all that apply)**

**\_\_\_No Response**

**\*Gender and ethnicity responses are optional and requested solely for reporting purposes. This information will not be used in an admission decision.**

Date of Birth (mm/dd/yyyy) (used for identifying purposes only): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

U.S. Citizen: Yes\_\_\_ No\_\_\_ **If no**, Specify type of Visa\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Country of Citizenship ­­­­­­\_\_\_\_\_\_\_\_\_

Post-Secondary Institutions you have attended (list all Schools & Dates Attended):

|  |  |  |
| --- | --- | --- |
| **Name of School** | **Degree (if earned)** | **Dates Attended** |
|  |  |  |
|  |  |  |
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Other educational experiences (study abroad, awards, offices held, scholarships, community service):

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Provide the following information on those DENTAL HYGIENE PROGRAM PREREQUISITE COURSES which you still need to complete with a “C” or better. ALL prerequisite courses must be completed prior to enrolling in the Dental Hygiene Program.

|  |  |  |  |
| --- | --- | --- | --- |
| **Course** | **Course Taken**  **Or**  **Course Equivalent** | **College/School** | **Date of Completion or Planned Date of Completion** |
| English 100 |  |  |  |
| Psychology 100 |  |  |  |
| Anatomy & Physiology I with Lab  (Biol 131/131L) |  |  |  |
| Microbiology with Lab  (Biol 207/208) |  |  |  |
| Chemistry for the Health Sciences (Chem 109) |  |  |  |

List professional or business experiences with facts and dates:

**Name & Location of Agency Dates Description of Duties**

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How do you envision your career progressing after receiving your Dental Hygiene degree?

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Have you ever been convicted of a crime **other** than a minor traffic violation? Yes \_\_\_\_\_ No\_\_\_\_\_\_

(If yes, enclose an explanation with your application. The application cannot be processed without an explanation.)

\*If you answered yes, please note that you should contact the dental board to determine whether or not you will be eligible for licensure. (<http://dentistry.ky.gov/Pages/index.aspx>)) In addition, clinical rotations sites are part of dental hygiene education at WKU and most require background checks. Inability to participate in clinical rotations may hinder or preclude a student from continuing in the program.

**ACT/SAT and Statement of Affirmation**

* **Yes, I took the ACT/SAT and I will submit an official document containing my ACT/SAT scores to the Program of Dental Hygiene by December 1.**
* **By signing below, I understand and take full responsibility to ensure the Program of Dental Hygiene has received all required materials (e.g. official transcripts) and NOT the WKU OFFICE OF ADMISSIONS.**
* **I understand that if I am accepted into the Dental Hygiene Program, I may need to minimize my outside commitments.**
* **By submitting this application, I affirm that all information provided is complete, accurate, and true to the best of my knowledge. If I am accepted into the program, I agree to adhere to the regulations, policies, and standards of conduct of Western Kentucky University and the Dental Hygiene Program. I have reviewed the University and Dental Hygiene Program Academic Requirements and policies for Bloodborne and Infectious Diseases.**

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Signature Date

Western Kentucky University is committed to equal opportunity. It is an Equal Opportunity Affirmative Action Employer and does not discriminate on the basis of age, race, color, religion, sex, national origin, or handicap in any employment opportunity. No person is excluded from participation in, denied the benefits of, or otherwise subjected to unlawful discrimination, on such basis under any educational program or activity receiving federal financial assistance.

If you have experienced discrimination in such education programs or activities, written inquiries about procedures that are available at the University for consideration of complaints alleging such discrimination should be directed to the President’s Office, Western Kentucky University, 1906 College heights Blvd. 11001, Bowling Green, KY 42101-1001. Inquiries about such alleged discrimination also may be made directly to the Director, Office of Civil Rights, United States Department of Human Resources, Washington, DC 20201.