

# APPLICATION SUBMISSION CHECKLIST

Applicant Information		
Student Name	NSHE ID	Semester and Year Applying For

1. Check all that apply:
<input type="checkbox"/> I am transferring in external credits.
<input type="checkbox"/> I have transferred in external credits.
<input type="checkbox"/> I understand it is my responsibility to request course substitutions and submit email approvals.
<input type="checkbox"/> I have applied and been accepted to TMCC.

2. I have completed (check Yes or No):		
Dental Hygiene HESI Exam Results (including Critical Thinking Results)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Dental Hygiene Spatial Relation Test Results	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Dental Hygiene Dexterity Test Results	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Outside Education Transcripts	<input type="checkbox"/> Yes	<input type="checkbox"/> No

3. I have completed the program minimum requirements with a GPA of 2.75 and grade of "C" or higher in all courses to have my application considered (check Yes or No). Please include College where course was taken:				
BIOL 223	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Grade:	College:
BIOL 224	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Grade:	College:
BIOL 251	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Grade:	College:
CHEM 220	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Grade:	College:
COM 113	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Grade:	College:
SOC 101	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Grade:	College:
NUTR 223	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Grade:	College:
STAT 152/PBH 281	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Grade:	College:

4. I have completed the following degree requirements (check Yes or No):				
Diversity	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Grade:	College:
US/NV Constitution	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Grade:	College:
English	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Grade:	College:
Math	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Grade:	College:
Fine Arts	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Grade:	College:
Humanities	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Grade:	College:
Social Science	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Grade:	College:

5. Minimum Admission Points:
<input type="checkbox"/> I have a minimum of 100 Admission Points.

# Application Submission Checklist

<b>6. Dental Hygiene Information Nights:</b>	
<input type="checkbox"/> I have attended one of the Dental Hygiene Information Nights (not required).	Date:

<b>7. I have attached the following in PDF, JPG or Word format (check Yes or No):</b>		
Dental Office Observation form	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Dental Work Experience form	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Admission Points Worksheet	<input type="checkbox"/> Yes	<input type="checkbox"/> No
External Transcripts (College other than TMCC)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
CDA/RDA License	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Emails approving substitutions	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Dental Hygiene HESI Exam Test Results	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Critical Thinking Test Results	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Dental Hygiene Spatial Relation Test Results	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Dental Hygiene Dexterity Test Results	<input type="checkbox"/> Yes	<input type="checkbox"/> No

<b>8. I have NOT attached any of the following:</b>	
<input type="checkbox"/> TMCC Transcripts.	
<input type="checkbox"/> Reference Letters.	

<b>9. Acknowledgement:</b>	
<input type="checkbox"/> I understand I have to resubmit all documentation each year I apply. Copies from previous years are not provided or transferred from one year to the next.	
Student Signature:	Date: