

**Del Mar College
Dental Assisting Program
Prospective Student Data Sheet**

Name: _____
(Last) (First) (Middle)

Other names previously used: _____

Student I.D. #: _____ **OR** Social Security#: _____

Home Address: _____
(City, State, Zip Code)

Primary Telephone: _____
(Home) (Work) (Cell)

Secondary Telephone: _____
(Home) (Work) (Cell)

E-Mail Address: _____

Education: High School Graduate: _____ Date: _____
GED: _____ Date: _____

List all Colleges and/or Universities attended:

Have you taken: ___ACT___SAT___TSI

Please "v" below and attach the following documents before submitting.

- _____ Completed Dental Assisting Program Prospective Student Data Sheet
- _____ Official High School or GED Transcripts
- _____ Official College Transcript(s), if applicable
- _____ Unofficial Placement Test Scores (ACT, SAT, or TSI)
- _____ Copies of All Required Immunization Records
- _____ Copy of Confirmation Page for *PreCheck, Inc.* Background Check and Drug Screening (No reports, just the confirmation page, confirmation number, OR email showing requests.) # _____

Signature of Applicant: _____ Date: _____

Del Mar College
Dental Assisting Program
Admission Requirements Checklist

****If NOT currently enrolled at *Del Mar College*, student must submit to **Student Enrollment Center** the following:**

- _____ Del Mar College Online Application via the www.applytexas.org
- _____ Official High School or GED Transcripts
- _____ Official College Transcript(s), if applicable - *also submit to **Registrar's Office *Transcript Evaluation Request Form*** (TERF)
- _____ Official Placement Test Scores (ACT, SAT, or TSI), as required by the College
- _____ Copies of all required immunization records

****Student must submit to the *Dental Assisting Program office* before July 1st of the year admission is desired:**

- _____ Dental Assisting Program Prospective Student Data Sheet
- _____ Official High School or GED Transcripts
- _____ Official College Transcript(s), if applicable
- _____ Unofficial Placement Test Scores (ACT, SAT, or TSI)
- _____ Copies of all required immunization records
- _____ Copy of confirmation page for *PreCheck, Inc.* background check and drug screening

Mailing Address:

Del Mar College (East Campus)
Dental & Imaging Technology Department
Dental Assisting Program
101 Baldwin
Corpus Christi, Texas 78404

Physical Address:

Del Mar College (West Campus)
Dental & Imaging Technology Department
Dental Assisting Program
Health Science #2, Room 130
4101 Old Brownsville Rd.
Corpus Christi, Texas 78405
(361) 698-2858
(361) 698-2811 fax