

Dental Assisting Admission Requirements Certification

Name _____

Student ID # _____

Address _____

Telephone _____

**This form must be submitted with your application for admission to the Dental Assisting Program.
Your application will not be processed without this form.**

Dental Assisting Certificate

Admission Requirements: Check all that apply

- I have attended a mandatory Overview of the Dental Assisting Program Session on (provide date) _____
- I understand that I must show eligibility for ENG 101 and Math Module 80 in Preparation for College Math, or above. Eligibility may be demonstrated through placement, current enrollment or previous coursework. Applicants who have graduated high school in the last 3 years with an overall GPA of 2.7 or higher should provide an official transcript for evaluation regarding English and math requirements

Check all that apply

- I have enclosed a completed Middlesex Community College Admission Application.
- I have requested or sent official transcript(s) demonstrating that I have completed the math course prerequisite listed (for degree). Transcripts may also be needed to demonstrate eligibility for English requirement.
- I have read and understand the Standard Skills for Dental Assisting included in the admission materials.
- I understand that there are additional requirements if I am admitted to this program.
- I understand I must provide my own transportation to the program's internships.
- I understand that non-Massachusetts residents will be admitted on a space available basis only.

- Yes**, I have met all requirements to be considered for admission to this program and I understand the admission application priority deadline, including all required documents and testing is May 1.
- No**, I have not met the admission requirements to be considered for admission to the Dental Assisting program but wish to be admitted to Middlesex Community College in the **Liberal Studies** program where, with the assistance of an academic advisor, I can develop an individualized pre-health course of study appropriate to my specific education interests or needs.

By signing below, I certify that all of the information I provided on all of my application materials is accurate and complete.

Signature _____

Date _____

Applicants must submit this form and all application documents to the Student Information Center on the Bedford or Lowell campus or mail them.

Middlesex Community College
Enrollment Management Center
33 Kearney Square, Lowell, MA 01852-1987

Priority consideration will be given to applications received by May 1.