

**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: \_\_\_\_\_ High School Name: \_\_\_\_\_  
GED: \_\_\_\_\_ Date: \_\_\_\_\_

List all Colleges and/or Universities attended:  
\_\_\_\_\_  
\_\_\_\_\_

Have you taken: \_\_\_ACT\_\_\_SAT \_\_\_TSI

**Please “√” 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
- \_\_\_\_\_ Copies of All Required Immunization Records
- \_\_\_\_\_ Copy of TB test results (must be current within a year)
- \_\_\_\_\_ Copy of Confirmation Page for *PreCheck, Inc.* Background Check and Drug Screening (No reports, just the confirmation page, confirmation number, OR email showing requests.) # \_\_\_\_\_

**\*PreCheck background check and drug screening MUST be completed (1) one week prior to submitting application.**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Del Mar College  
Dental Assisting Program  
Admission Requirements Checklist**

- 1.) Student **MUST** apply to Del Mar College if **NOT** currently enrolled.  
Student **MUST** submit to **Student Enrollment Center** the following:
- \_\_\_\_\_ Del Mar College Online Application via the [www.applytexas.org](http://www.applytexas.org)
  - \_\_\_\_\_ Official High School or GED Transcripts
  - \_\_\_\_\_ Official College Transcript(s), if applicable
  - \_\_\_\_\_ If Transfer Student, submit to **Registrar's Office** *Transcript Evaluation Request Form* (TERF included)
  - \_\_\_\_\_ Official Placement Test Scores (ACT, SAT, or TSI), as required by the College
  - \_\_\_\_\_ Copies of all required immunization records
- 2.) Student must submit to the ***Dental Assisting Program office*** before **July 1<sup>st</sup>** 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
  - \_\_\_\_\_ Copies of all required immunization records
  - \_\_\_\_\_ Copy of TB test results (must be current within a year)
  - \_\_\_\_\_ Copy of confirmation page for *PreCheck, Inc.* background check and drug screening - **\*background check and drug screening MUST be completed (1) one week prior to submitting application.**

**Mailing Address:**

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

**Physical Address:**

Del Mar College (Windward 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