

**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 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**

1.) 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
- _____ If Transfer Student, submit to **Registrar's Office** *Transcript Evaluation Request Form*
- _____ 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 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
- _____ Copies of all required immunization records
- _____ 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