



Toronto CollegeTM

of Dental Hygiene and Auxiliaries^{INC.}

APPLICATION FOR ADMISSIONS

Please print clearly and complete this form in full.

PERSONAL INFORMATION

Name: First _____ Last _____ Middle _____

Birth date: _____ (DD/MM/YY)

Sex: Male Female Other Gender Identity _____ (optional)

Street Name: _____

City: _____ Province: _____ Postal Code: _____

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

E-mail: _____

Are you a Canadian citizen? YES NO

If NO, do you have one of the following:

Landed Immigrant Permanent Resident Refugee Status

Student Visa Visitor Visa Country of origin: _____

Supporting Documentation attached: YES NO

ALTERNATIVE CONTACT INFORMATION:

Name: _____ Relationship: _____ Tel: _____

CONTACT PERSON IN CASE OF EMERGENCY:

Name: _____ Relationship: _____ Tel: _____

Which program are you applying for?

Intra Oral Dental Assisting Level I & II

Which start date are you applying for?

Month & Year

EDUCATION:

Highest level completed (Please check one of the following):

High School Diploma College Diploma University Degree

Name of School: _____ Location of School: _____

POST-SECONDARY EDUCATION

Please list all academic institutions that you have attended since leaving elementary/high school. Please start with the most recent.

Name of Academic Institution	Location	Program	Certification (Diploma, Degree, etc.)	Year Completed	Expected Date to be Completed	Year Entered	Year left

Please check the following boxes:

- I certify that all of the above information is correct and complete.
- I will provide official transcripts to the admissions office and I understand that these transcripts will be part of my permanent file and will not be returned to me.
- I have read over the entrance requirements and qualify to write the entrance examination.

Print Name: _____ Signature: _____

Date: _____

Scan the application to: info@toronto-college-dental.org

Fax application to: 416-423-3092

Mail application to: TCDHA, 28 Vanley Crescent, Toronto, Ontario, M3J 2B8

Attention: Admissions Department