



# Toronto College<sup>TM</sup>

## of Dental Hygiene and Auxiliaries<sup>INC.</sup>

### 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?**

**Dental Assisting Level 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

**SIGNATURE:**

I certify that all of the above information is correct and complete.

- I will provide official transcripts to the admissions office.
- 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](mailto: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*