



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?

Dental Hygiene

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

Fax application to: 416-423-3092

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

Attention: Admissions Department