Springfield Technical Community College Dental Assistant Program Admission Checklist 2024

***This **PRINTABLE form** must be **MAILED or EMAILED** to the Admissions Office** (An electronic version, which can be completed and submitted online, is available on the program website) **Instructions- Please read carefully.**

- Complete all items on both sides. If not applicable, enter N/A in the appropriate box, do not leave anything blank. All *requirements* must be completed, or in progress in order to apply.
- This is a checklist, please refer to the program website for **detailed** information. You must also complete the **STCC COLLEGE APPLICATION**.
- After you have completed each section, sign and MAIL or EMAIL this form to the Admissions
 Office by April 30:

Admissions Office Springfield Technical Community College One Armory Square-PO Box 9000 Springfield, MA 01102-9000 Admissions@stcc.edu

For additional information regarding applying to the college, please visit www.stcc.edu/apply					
Name (print legibly)					
If you are a current or former STCC student, list ID#					
Address					
City/State	Zip code	Country			
Telephone number	_Email				
If there are any extenuating or unusual circumstances related to your application, please note below.					

Dental Assistant Admission Checklist 2024

Admission Prerequisites/Requirements	Provide appropriate response
 Complete STCC College Application, with a request for Dental Assisting 	Application for Admission
2. Official High School Transcript, HiSet or GED	Official document provided
 Biology- Basics of Anatomy and Physiology or Anatomy and Physiology I (with C or better) (e.g., BIO 120 or BIO 231) 	Course Name/Number: Where/When was it taken? Grade:

Applicants who complete the following courses will be given priority consideration

Course	Grade	When was it taken ?	Taken At STCC?	Completed somewhere other than STCC? (list college)	Required documents submitted?
English Composition 1					
General Psychology or Sociology					
Fundamentals of Oral Communication					

My signature below indicates that ALL admission req	uirements for the Dental Assistant Program have
been completed or are in progress as indicated on the	e reverse page. The information I have provided is
accurate, I understand it will be verified by the admis	ssion office.
Student applicant signature	Date

^{*}Courses with designated time frames must be current within 5 years from the start of program