Supplemental Application Form

Name: ________________________________

The Supplemental Application Form must be completed by all applicants to the School of Dental Hygiene and submitted to the Admissions Officer, Faculty of Dentistry, Dalhousie University, PO Box 15000, Halifax, Nova Scotia B3H 4R2.

The School of Dental Hygiene is committed to increasing the number of qualified dental hygienists who belong to Black or aboriginal peoples of the Atlantic region. Applicants from these groups who have completed the entrance requirements are encouraged to submit additional information in support of their application for review by the Admissions Committee, in the form of a letter.

Are you attending university in the current academic year?  □ Yes  □ No

List the courses you are taking this academic year: ____________________________________________________________

Academic Requirements: The academic requirements for admission to the diploma in Dental Hygiene program are: completion of at least 30 credit hours of university study, including one 3-credit hour course in Introductory Statistics. (Admission requirements amended November, 2011)

Courses offered in fulfillment of requirements for admission to the Dental Hygiene Program.

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<th>Course Number</th>
<th>University</th>
<th>Year</th>
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<td>Statistics (3 credit-hours)</td>
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Courses must be completed by June 1. Will you have all pre-requisites completed by June 1?  □ Yes  □ No

Note: If No, your application may still be considered if unfilled places remain in the class, and pre-requisites are completed by Aug 15. Please indicate if you plan to complete pre-requisites in Summer Session:  □ Yes  □ No

Residency Status: See Calendar or Web statement for policy on permanent residence.

Are you a permanent resident of the Atlantic Provinces?  □ Yes  □ No

If yes:  □ NS  □ NF  □ NB  □ PE

Length of residence in the Atlantic Provinces ____________________________________________________________

Name of next of kin ___________________________ Relationship ___________________________

Address of next of kin ________________________________________________________________

_________________________________________________________________________________________

Date(s) on which you took (or will take) an English Language Proficiency Test (for students whose first language is not English):

Month ___________________________ Year ___________________________
Have you applied for admission to the Dalhousie Dental Hygiene program in previous years?  □ Yes  □ No
If yes, when?  Year __________________  Year __________________
Do you consent to our review of last year’s application?  □ Yes  □ No
Have you applied to Dental Hygiene program(s) other than Dalhousie this year?  □ Yes  □ No
If yes, which program(s)?  _______________________________________________________
Have you, in previous years, failed to gain admission to other Dental Hygiene programs?  □ Yes  □ No
Have you attended any other Dental Hygiene Programs?  □ Yes  □ No
If yes:  _________________________________________________________________________
Where?  ___________________________________________  When?  _______________________
Are you eligible to continue there?  □ Yes  □ No

Because of the nature of the study and practice of dental hygiene which places you in a position of special trust, the Faculty of Dentistry requires you to answer the following questions:

Have you ever been convicted of a criminal offense for which you have not received a pardon?
□ No  □ Yes  If yes, explain:  _______________________________________________________

Is there anything in your background which would impact in an adverse way your legal or ethical suitability for the practice of dental hygiene?
□ No  □ Yes  If yes, explain:  _______________________________________________________

Any applicant who responds “yes” to the above questions will still be considered for the program. By submitting this application, you are agreeing that the Faculty of Dentistry Admissions Committee may contact third parties to obtain additional information.

3 REFERENCES: Please list 3 individuals (not relatives) who would provide a reference on request. It is recommended that at least one of these be from an individual who has taught you; one from an employer (if applicable) and one other.

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The Admissions Committee will contact your references directly if a reference is required.

Work experience held during academic session and summers (length of time, hours per week) or full-time (if full-time please explain reasons for leaving university).

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

In the event that you are accepted to Dalhousie University’s School of Dental Hygiene, our clinic staff needs to know whether you are right or left-handed to assist them in setting up the clinic cubicles for your use. Please indicate:

I am:  □ Right-Handed  □ Left-Handed

Please use additional pages if you have other information you wish to be considered by the Admissions Committee.