

**Utah College of Dental Hygiene**  
*Admissions & Records Office*  
1176 S 1480 W, Orem UT 84057  
Phone: (801) 426-8234 Fax: (801) 224-5437  
E-mail: [admissions@ucdh.edu](mailto:admissions@ucdh.edu)  
Web site: <http://www.ucdh.edu/>

**APPLICATION**

Last Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
First Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Home Phone #: \_\_\_\_\_  
City: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Work Phone #: \_\_\_\_\_  
Social Security #: \_\_\_\_\_ Email Address: \_\_\_\_\_  
What state are you from? \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Provide the names and contact information for two individuals, preferably to include a parent, who always know how to contact you. Please notify the College of any subsequent changes in any of your contact information.**

**SECONDARY CONTACT ONE**

**SECONDARY CONTACT TWO**

Name: \_\_\_\_\_  
Relation: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_  
Cell Phone #: \_\_\_\_\_

Name: \_\_\_\_\_  
Relation: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_  
Cell Phone #: \_\_\_\_\_

**Why would you be a successful dental hygiene student and professional?**

---

---

---

---

**COLLEGE/UNIVERSITIES ATTENDED**

**Please list all college/universities attended. Official transcripts from each college/university must be sent to the above address.**

<b>Start/Stop Dates</b>	<b>Name of School</b>	<b>Location</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**CURRENT/ANTICIPATED REGISTRATION**

**A copy of your registration, or an unofficial transcript, which verifies your current enrollment is required.**

<b>Semester</b>	<b>Name of School</b>	<b>Course and Title</b>	<b>Credits</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**CITIZENSHIP ATTESTATION: By signing below, I declare that I am a citizen of the United States.**

**(UCDH is currently not accepting applications from foreign nationals)**

---

**(Signature)** **(Date)**

**I hereby certify that, to the best of my knowledge, the information in this application is true and complete without intent of evasion or misrepresentation. I understand if the above information is falsely submitted, or data misrepresented it is sufficient cause for rejection or dismissal.**

---

**(Signature)**

---

**(Date)**

**To complete the application process, please attached your \$50.00 (U.S. Funds) application fee and send to:**

**UCDH  
Admissions/Records Office  
1176 S 1480 W  
Orem, Utah 84058**