

Mail the Dental Hygiene application and only the additional required information listed on the checklist to:

MSSU Dental Hygiene Program

3950 E. Newman Road

Joplin, MO 64801

The deadline for application is March 31st.

Application to MSSU Dental Hygiene Program

NAME: _____
(Last) (First) (Middle) (Maiden)

ADDRESS: _____
(Street) (City) (State) (Zip Code)

Telephone _____ MSSU Student ID # _____

Cell phone _____ Personal E-mail Address _____

Other phone _____ MSSU E-mail Address _____

MSSU General Admission Status: ___ Application Submitted ___ Application HAS NOT been submitted

(Check Appropriate Status) ___ Accepted for Admission ___ Currently Enrolled ___ Formerly Enrolled

I. Have you ever been dismissed from any school or college for any reason? ___ Yes ___ No If yes, explain

II. Have you previously enrolled in another dental hygiene program? ___ Yes ___ No

a. If yes, please specify at what institution(s) _____

b. Did you graduate from this dental hygiene program? ___ Yes ___ No

c. IF no, are you eligible to return to the dental hygiene program that you did not complete?

___ Yes ___ No ___ Not sure

III. Have you ever been convicted of a felony? ___ Yes ___ No

I certify that the information provided in this application is correct to the best of my knowledge. I understand that I will not be considered for admission to the dental hygiene program until I have been accepted to Missouri Southern State University.

(Signature)

(Date)

It is the responsibility of the applicant to update any information that may change after submission of the application. Minimal effort will be made to contact those who have not notified the office of any changes.