

12. Employment History, Listing present or most recent employment first. (Use additional sheet if necessary)

Dates		Title of Position	Employer	City and State
From	To			

13. Have you ever been convicted of a felony? ____no ____yes (If yes, please attach explanation of charge and outcome)

14. In case of emergency contact: _____
(Please Provide Name, Address, and Current Telephone)

I AUTHORIZE THE DENTAL ASSISTING PROGRAM ADMISSIONS COMMITTEE TO REVIEW AND VERIFY MY APPLICATION AND ACADEMIC RECORDS.

Signature

Date

The completed application must be submitted by **March 1** and include the following to be considered for the Fall class:

1. Completed and signed application.
2. Official high school transcripts including GPA, class rank, and SAT/ACT scores.
3. Official college/university transcripts from each college/university attended.
4. Dental Office Observation Verification form with a minimum of 8 hours of observation verified.
5. **NO** letters of recommendation are required.

Please return this application and official transcripts to:

USI Dental Assisting Program
8600 University Blvd.
Evansville, IN 47712

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