

Dear Prospective Degree Completion Dental Hygiene Student:

Thank you for your interest in the Dental Hygiene Program at Southern Illinois University Carbondale. SIUC's Dental Hygiene Program is nationally recognized for both quality of faculty and graduates.

Dental Hygienists with an Associate degree may apply for B.S. degree completion. Applicants are individually evaluated. The Capstone Option is available for graduates with an A.A.S. degree. For eligible students who meet Capstone requirements as outlined in the University Undergraduate Catalog, the Capstone Option provides an 11-credit-hour reduction in the core curriculum requirements.

A variety of circumstances, including accreditation guidelines, faculty limitations, and faculty-student ratio make it necessary to limit enrollment in the program. Therefore, a selective admissions procedure must be carefully followed to assure each student a fair and accurate evaluation. Applications are evaluated using criteria which indicate the potential for successful performance in the degree completion program. Only qualified students with completed files will be evaluated, so please follow the procedures accurately and in a timely fashion.

All prospective dental hygiene degree completion students must:

1. Be admitted to SIUC in good academic standing prior to any materials being considered;
2. Have a minimum college cumulative GPA of 2.0 (as calculated by SIUC) at the time of application and entry into the program;
3. Have a completed dental hygiene application packet on file;
4. Be a graduate from an accredited dental hygiene program;
5. If currently completing a degree in dental hygiene, provide documentation from the dental hygiene program director at your school confirming your good standing and anticipated graduation date.

Please remember these are MINIMUM requirements and do not guarantee acceptance into the program.

You are responsible for making certain all procedures in the application process have been completed. If you have any questions or concerns about the program or the admission process, please contact me by phone at 618-453-7213, FAX 618-453-7020, or e-mail at dsummers@siu.edu.

Sincerely,



Dwayne G. Summers, D.M.D.
Dental HygieneProgram

Enclosures

APPLICATION PROCEDURES



Southern™
Illinois University
Carbondale

Dental Hygiene Degree Completion Southern Illinois University Carbondale

Follow the steps below to complete the application process for degree completion. It is advisable to confirm that all materials have been received by the Dental Hygiene Admissions Committee. Please call the Admissions Clerk at (618) 453-8869 to check on the status of your file.

Step 1

Submit Dental Hygiene Degree Completion application.

Step 2

Submit three (3) letters of recommendation (preferably from previous employers and/or instructors).

Criteria for Evaluation of Application Files

The application and selection of Dental Hygiene degree completion students identifies those applicants who will most likely succeed academically in completing the required course of study. The Dental Hygiene Admissions Committee evaluates applicants by reviewing college GPA, dental hygiene course grades, and letters of recommendation.

The Admissions Committee will begin review of completed applications on January 30, 2009. It is important for the applicant to complete application procedures as soon as possible. Application to the University should be completed by December 31, 2008.

Since you can only be evaluated on the contents of your file, it is important that you send updated official transcripts as you complete your college coursework.

The following items are used during the evaluation process:

- Dental Hygiene Application
- College Transcripts
- Letters of Recommendation

MINIMUM STANDARDS FOR APPLICANTS

1. Applications will not be accepted more than one year in advance of the desired entry date.
2. You must have a minimum college cumulative GPA of 2.0 (as calculated by SIUC) at the time of application **AND** entry into the program.



DEGREE COMPLETION APPLICATION

Dental Hygiene Southern Illinois University Carbondale

Last Name			First Name			Middle									
Present Address						Legal Residence Address									
City		State		Zip		City		State		Zip					
() -						() -									
Telephone Number				E-mail				Telephone Number				E-mail			
/ /								- -							
Date of Birth						Dawg Tag or Student ID									

SECTION 1 — Complete this section **ONLY** if you are now licensed as a dental hygienist.

- I completed a dental hygiene program at _____
- Date of completion of dental hygiene program _____
- I am licensed in the following state(s):

Check the **one** box that most accurately represents your work experience as a dental hygienist:

- | | |
|---|---|
| <input type="checkbox"/> Part-time less than 1 year | <input type="checkbox"/> Part-time 4 - 10 years |
| <input type="checkbox"/> Full-time less than 1 year | <input type="checkbox"/> Full-time 4 - 10 years |
| <input type="checkbox"/> Part-time 1 - 3 years | <input type="checkbox"/> Over 10 years of part-or full-time dental hygiene experience |
| <input type="checkbox"/> Full-time 1 - 3 years | |

Have you ever taught in a dental hygiene program? Yes No
If yes, explain _____

Have you had any dental hygiene experience in a setting other than private practice (such as public health, sales, etc.)?
 Yes No
If yes, explain _____

Most recent dates of employment as a dental hygienist: _____

SECTION 2 — Complete this section **ONLY** if you are **CURRENTLY** enrolled in a dental hygiene program

- I am currently a dental hygiene student at _____
- I will graduate _____ (date)



SECTION 2 (continued) — If you are currently completing a dental hygiene associate degree, please indicate the courses remaining and the semester you plan to complete each course:

Semester	Course	Semester	Course

SECTION 3

DENTAL-RELATED WORK EXPERIENCE

Employer	Dental Specialty	Position Title	Hours per Week	Years/Months of Employment

Answers to the following questions are not considered as a part of the selection process.

Why did you choose Dental Hygiene at SIUC? _____

What are your career goals? Check all that apply:

- | | | |
|--|---|---|
| <input type="checkbox"/> Bachelor of Science in Dental Hygiene | <input type="checkbox"/> Private Practice - Urban | <input type="checkbox"/> Management in Dental Company |
| <input type="checkbox"/> Master of Science | <input type="checkbox"/> Public Health | <input type="checkbox"/> Sales in Dental Company |
| <input type="checkbox"/> Doctorate | <input type="checkbox"/> Orthodontics | <input type="checkbox"/> Education |
| <input type="checkbox"/> D.D.S./D.M.D. | <input type="checkbox"/> Periodontics | <input type="checkbox"/> Armed Services |
| <input type="checkbox"/> Private Practice - Rural | <input type="checkbox"/> Pedodontics | <input type="checkbox"/> Industry |
| <input type="checkbox"/> Other (Please explain) _____ | | |

2009



WHY DO YOU WANT TO COMPLETE A BACCALAUREATE DEGREE IN DENTAL HYGIENE?

I hereby certify that the information I submit in this application is complete and correct to the best of my knowledge and belief.

Signature of Applicant

Date

Mail to: Donna Colwell, Admissions Clerk
School of Allied Health/Dental Hygiene
College of Applied Sciences and Arts
Mail Code 6615
Southern Illinois University
Carbondale, IL 62901
Telephone: 618-453-8869



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Illinois University
Carbondale

2009

ESTIMATED COST TO THE DENTAL HYGIENE STUDENT

Students accepted into the dental hygiene program will have expenses in addition to University tuition, fees, and books.

There may be additional expenses for instruments or supplies. This will be determined upon entering the program.

For financial assistance (loans, awards, and scholarships), contact:
Financial Aid Office/Woody Hall
Mail Code 4702
Southern Illinois University
Carbondale, IL 62901-4702
(618) 453-4334