



Guaranteed Admission

Deadline: May 1, 2023.

This is not an application deadline. This is a guaranteed admission deposit deadline. As such, applicants are *strongly* encouraged to complete their application well in advance of this date.

University of Bridgeport Fones School of Dental Hygiene

Supplemental Application for Admissions

Personal Data:

Name: _____ Former Name (if applicable): _____

Student ID (UB students only): _____

Social Security Number (required to receive financial aid): _____

Email (will be used throughout the application process): _____

Preferred Phone: () _____ Alternate Phone: () _____

Street Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

I hereby agree that, if accepted, I will submit to and comply with a confidential background check and undergo drug toxicology screening conducted by Verified Credentials.

Signature: _____ Date: _____

Academic Data:

┆ I am applying as a **transfer** student to the entry-level **Associate of Science** program.

┆ I am applying as a **transfer** student to the entry-level **Bachelor of Science** program.

Previous College/University Information: (Official transcripts from ALL schools are required in order to enable an admissions decision.)

Name of College(s)	Major	Dates

Required Coursework (Transfer Students Only): Please list below the college/university attended, completion dates, and grade earned for each of the following dental hygiene admission requirements. Please provide a mid-semester grade if applicable. *(Please note: grades earned must be a C or better to satisfy minimum admission requirements.)*

Course Title (Minimum Credits)	College/University Attended	Year Completed	Grade Earned
English Composition (3 cr)			
Intro Chemistry w/lab (4 cr)			
Intermediate Algebra (3 cr)			
Anatomy & Physiology I (4 cr)			
Anatomy & Physiology II (4 cr)			
Microbiology (4 cr)			



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Recommendation Information: Two recommendation forms are required in order to enable an admissions decision. Letters of recommendation are not required but will be accepted as addendums to the required recommendation forms. Please see attached documents for official Recommendation Forms.

Name of Referrer	Title	Relationship (one must be from science professor/teacher/instructor)

Personal Essay: Please attach (do not staple) your *typed* personal essay, as described in the attached Admissions Guide. Include your name, date, and signature on the essay.

Employment History: If applicable, list your three most recent employers and/or volunteer work/ extracurricular activities.

Employer/Supervisor/(Volunteer) Activity	Title/Position	Dates

Submit Recommendation Forms and Personal Essay together with this Supplemental Application.

I hereby apply for admission to the University of Bridgeport and agree to abide by its regulations. The information I have provided is accurate and complete. The undersigned agrees that the information furnished on the Application for Admission, together with all information and materials of any kind received by the Office of Admissions from any source, or prepared by anyone at its request, "...shall become part of the applicant's educational records, if accepted as a student, and will be dealt with as to confidentiality and/or disclosure or inspection by the student or third parties, in accordance with the provisions of the status laws of the United States entitled "Family Educational Rights and Privacy Act of 1974 (FERPA)'"

I understand that it is my responsibility to assess compliance with all requirements, including those outlined in the Applicant Qualifications page of the Admissions Requirements. By submitting an application to the University of Bridgeport, Fones School of Dental Hygiene, I am confirming my ability to meet qualifications for entrance into the Fones School of Dental Hygiene program.

Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

(If applicant is under 18, the applicant and a parent or guardian must sign.)

The University of Bridgeport admits students regardless of sex, race, color, creed, or national or ethnic origin to all the rights, privileges, programs, and activities generally accepted or made available to students of the University. The University of Bridgeport does not discriminate on the basis of gender, sexual orientation, race, color, national or ethnic origin, creed, political affiliation, or handicap in the administration of its education policies, scholarship and loan programs, and athletic or other University administered programs. The University of Bridgeport is an Equal Opportunity Employer. The University of Bridgeport is accredited by the New England Association of Schools and Colleges (NEASC) and by the Board of Governors of the Connecticut Department of Higher Education.



**University of Bridgeport Fones School of Dental Hygiene
Recommendation Form**

DENTAL HYGIENE ASSOCIATE OF SCIENCE and BACHELOR OF SCIENCE DEGREE PROGRAMS

To the Candidate: You will need two completed recommendation forms: one from a science professor/teacher/instructor, and one from an employer/supervisor. At your discretion an optional third recommendation form may be sent from a dental professional (consider your own dental hygienist or dentist.) Provide this form to the Referrer. Please print your name on the line below.

Candidate's Name

Check one of the following statements and sign your name below:

- I **waive** my right of access to this recommendation/evaluation and recognize that it will remain confidential.
 I **do not** waive my right of access to this recommendation/evaluation and will be able to see my evaluation.

Candidate's Signature Date

To the Referrer: The Candidate is applying to the University of Bridgeport, Fones School of Dental Hygiene. Please complete this form (print or type) and return it to the Candidate in a sealed envelope with your signature written across the closure. Thank you for your assistance.

Referrer's Name/Degree(s) Position/Title

Knowledge of the Candidate: (Please check (✓) all that apply.)

I have known the Candidate for	_____ Year(s)	_____ Month(s)		
I know the Candidate	<input type="checkbox"/> Very well	<input type="checkbox"/> Moderately well	<input type="checkbox"/> Slightly	
Nature of my contact with the Candidate	<input type="checkbox"/> Academic	<input type="checkbox"/> Employment	<input type="checkbox"/> Other _____	

Evaluation of the Candidate:

	Exceptional	Excellent	Good	Average	Below Average	No Basis for Comment
Knowledge/Preparation	<input type="checkbox"/>					
Judgment/Analytical Ability	<input type="checkbox"/>					
Interpersonal Relations/Conduct	<input type="checkbox"/>					
Ability to Accept Criticism	<input type="checkbox"/>					
Personal Appearance and Hygiene	<input type="checkbox"/>					
Emotional Maturity and Stability	<input type="checkbox"/>					
Organizational Skills	<input type="checkbox"/>					
Manual Dexterity	<input type="checkbox"/>					
Reliability/Responsibility	<input type="checkbox"/>					

Overall Endorsement of the Candidate:

- Highly recommend Recommend Recommend with reservation

Referrer's Signature Date

Additional Comments: (If necessary, please use an additional sheet of paper.)



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