



**Post Secondary Education:**

Please provide the name and location of **all colleges and universities** attended prior to application at CADH, including dates of attendance and degrees expected or earned (attach separate sheet if necessary).

<i>Name of School</i>	<i>Location</i>	<i>Dates attended</i>	<i>Degree earned/anticipated</i>

**C) References (Please print):**

Please provide two individuals we may contact as references:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
*Number Street Apt. City Province Postal Code Phone Number*

Occupation: \_\_\_\_\_ Number of years known: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
*Number Street Apt. City Province Postal Code Phone Number*

Occupation: \_\_\_\_\_ Number of years known: \_\_\_\_\_

**D) Essay submission (Please print):**

**Essay Question:** Why have you chosen to pursue a career in dental hygiene? Please discuss with reference to your long and short-term goals and motivational reasons. Essays are to be approximately 500 words in length (no more than this please) and typed. Please attach the essay on a separate sheet and submit it along with the application form.

**Please read carefully:**

I certify that the information on this application is accurate and complete, and I understand that all required credentials must be submitted before an admissions decision will be made. I understand that it is my responsibility to ensure all supporting documentation has been submitted to the school. I authorize CADH to maintain all my records and understand that these records that have been received by CADH in support of my application will become the property of CADH and may not be reproduced or returned.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature