

**Attachment for APPLICATION to Bachelor of Science in DENTAL HYGIENE (DH)
Program at Wichita State University (WSU) – **FALL 2024 potential DH start****

See full Dental Hygiene requirements at www.wichita.edu/dh. A new form is required for each application cycle. This form must be filled out accurately & completely.

This form should be filled out, scanned, and saved as .pdf for upload into online DH application.

DH Applicants that do not include this form, or include un-signed form, will be deemed ineligible.

TO BE COMPLETED BY DENTAL HYGIENE APPLICANT:

Applicant Name: _____ myWSU ID #: _____

WSU Email: _____@shockers.wichita.edu

Students should **log into their myWSU portal** and **review their DegreeWorks audit** or their transcripts to complete this section. Inaccurate or incomplete information will be required to be redone.

GenEd & Elective Courses (not included in DH prereqs)	Completed and posted on Degree Works?	<u>If No, List the following information:</u>				Has Official Transcript been sent?
		Course Name	School	Semester taken or planned	Grade (if completed)	
<i>Engl. Comp I:</i>	<input type="checkbox"/> yes					
<i>Engl. Comp II:</i>	<input type="checkbox"/> yes					
<i>Public Speaking:</i>	<input type="checkbox"/> yes					
<i>College Algebra:</i>	<input type="checkbox"/> yes					
<i>Fine Art GenEd</i>	<input type="checkbox"/> yes					
<i>Humanity GenEd</i>	<input type="checkbox"/> yes					
<i>Additional GenEd</i>	<input type="checkbox"/> yes					
<i>Additional GenEd</i>	<input type="checkbox"/> yes					
<i>Additional GenEd</i>	<input type="checkbox"/> yes					
<i>Additional GenEd</i>	<input type="checkbox"/> yes					
<i>Additional GenEd</i>	<input type="checkbox"/> yes					

<i>Elective cr.hrs. (if applicable)</i>	<input type="checkbox"/> yes					
<i>Elective cr.hrs. (if applicable)</i>	<input type="checkbox"/> yes					

Dental Hygiene Prerequisite Courses	Completed and posted on Degree Works?	<u>If No, List the following information:</u>				Has Official Transcript been sent?
		Course Name	School	Semester taken or planned	Grade (if completed)	
CHEM 103 General, Organic & Biochemistry*	<input type="checkbox"/> yes					
HS 290 or BIOL 223 Anatomy & Physiology*	<input type="checkbox"/> yes					

BIOL 220 or BIOL 330 Microbiology	<input type="checkbox"/> yes					
HS 301 Clinical Pharmacology:	<input type="checkbox"/> yes					
PSY 111 Gen.Psy.*	<input type="checkbox"/> yes					
SOC 111 Intro Soc.*	<input type="checkbox"/> yes					
HP 203/303 Medical Terminology	<input type="checkbox"/> yes					
HS 331 Dietetics & Nutrition	<input type="checkbox"/> yes					
*starred courses may also be counting in GenEd.						

Have you taken any courses at WSU **during, or prior to** FALL 2023? Yes No
 If no, circle the 1st semester you plan to take WSU course(s): Spr.24 | Sum.24 | Fall 24 *if accepted to DH*

Are you admitted to WSU as a **Health Science Pre-Dental Hygiene** major? Yes No, if no, explain why not: _____

Will you have completed any other degree(s) by the end of the Fall 2023 semester?

No Yes – List specifics below

	Degree or Credential	School Name	Date completed
<i>Example:</i>	AA (Assoc. of Arts)	Hutch CC	May 2019

I certify that this information is true and correct, and that I may be deemed ineligible if information is missing or inaccurate. I understand a new form must be completed for each application cycle.

Student Signature: _____ Date: _____

******* OFFICE USE ONLY*******

Course summary above is correct: Yes No, returned to student for corrections.

Student will have all GenEd & Electives completed by end of:

Fall ____ Spring ____ Summ. ____ plans to do ____ cr.hrs. during program if accepted.

Student has needs _____ cr.hrs. to reach 45 UD.

Student has needs _____ cr.hrs. to reach 60 at 4-year.

Does student have over 30 Earned Hours (SHASUBJ) at WSU? Yes No, list number _____

Are any sciences over 10 yrs old? Yes No Is Pharm over 5 yrs old? Yes No

Advisor (optional): _____ Date: _____