Dental Hygiene Program 2007 CODE 3117

Cashier's Office

If you have completed an application for admissions into the Dental Hygiene program the next step is to submit your $50 application fee to the Cashier's office, SRC 2049A, at College of DuPage with the top portion of this page. Your $50 fee must be paid before submitting the Audit Form to the Records office.

FORM OF PAYMENT

☐ CASH ☐ CHECK

☐ CREDIT ☐ APPROVED

_____

Name (Please Print)

_____

Social Security Number

– –

(Cut Here)

Health Science Adviser Audit Form 2007 CODE 3117

Records Office

College of DuPage Dental Hygiene Program

Request form to have your transfer credits and high school transcript **evaluated and/or sent to the Health Sciences Admissions office for Dental Hygiene.**

IMPORTANT: Complete and return this form to the Records office, SRC 2015, **ONLY** after you have submitted your Dental Hygiene program application to the Health Sciences Admissions office, IC 1048A. To verify submission of transcripts, contact the Records office at (630) 942-3838.

Social Security Number: _____ - _____ - _____

Student Name: _____ Previous Name(s): _____

Daytime Telephone: _____

If needed Name of High School: _____ Year Graduated: _____

Name Colleges/Universities/ACE/Military transcripts to be sent:

_____ _____ _____

_____ _____ _____

*******This form will be held for 2 weeks.**

For Office Use Only:

Prior _____ Folder _____ Grad _____

RETURN THIS FORM TO: College of DuPage
Records Office, SRC 2015
425 Fawell Blvd
Glen Ellyn, IL 60137