

**Horry Georgetown Technical College  
Associate Degree Dental Hygiene Program  
Admission Application**

**APPLICATION DEADLINE DATE: May 15<sup>th</sup> for the next Fall semester  
SELECTION DATE: June 30<sup>th</sup> for the next Fall semester**

**(These two pages MUST be printed and submitted to the Admissions Office by the stated application deadline date of May 15<sup>th</sup>)**

**Applicant's H#:** \_\_\_\_\_

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

**Address:** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Home Phone:**( \_\_\_\_\_ ) \_\_\_\_\_ **Cell:** ( \_\_\_\_\_ ) \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**Program Admission Criteria**

Circle One	
	Have you completed the application process and been accepted for admission to Horry Georgetown Technical College:
Yes    No	1. Admissions Application and Application Fee
Yes    No	2. Official copy of High School transcript, including graduation date (or copy of GED, if applicable).
Yes    No	3. Official copies of all previous college transcripts (if applicable).
	Have you met the following requirements?
Yes    No	1. Completion of BIO 210 (5 year time limit), CHM 105, ENG 101, and MAT101 with a minimum grade of "C".
Yes    No	2. At least a 2.75 GPA on all completed Dental Hygiene general education courses (minimum grade of a "C").
Yes    No	3. Completion of the online Information Session for the Dental Hygiene program which includes reviewing the Technical Standards for the DHG program.
Yes    No	4. Successful completion of 15 hours observing a dental hygienist in a private dental office.

If you answered "**NO**" to any of the above questions, you **DO NOT** meet the requirements. You may **NOT** submit the Dental Hygiene Admission Application at this time.

Completed Dental Hygiene Applications must be printed, completed, and turned in to the Admissions Office at any of the three college campuses by the completed application deadline (May 15<sup>th</sup>). Applicants will be made aware of their status no later than 4 to 6 weeks after the application due date.

If applicants have the same points awarded, the decision to admit will be based on the date the student was admitted to the College as a Health Science or Associate in Science major. As there is no WAIT LIST for this program, no Dental Hygiene applications will be kept on file. If you are not admitted and wish to be considered for a future Fall semester, you must reapply by the completed application deadline.

For office use only: May ____; Fall _____
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## WEIGHTED VALUES FOR SELECTION PROCESS

CRITERIA	POINT SCALE																																
<b>Previous Dental Experience:</b> (Letter from employer and/or EDDA certificate must be attached to application): <ul style="list-style-type: none"> <li>• 1 year of full-time work in a dental office within the past 36 months</li> <li>• 1 year of part-time work in a dental office within the past 36 months</li> </ul> <b>OR</b> <ul style="list-style-type: none"> <li>• Graduate of HGTC's EDDA Program or currently enrolled in HGTC's EDDA program w/ a 2.50 or higher GPA</li> </ul>	<b>2 points</b> <b>1 points</b>  <b>3 points</b>																																
<b>Academic Performance on Pre-Requisite Courses (Maximum 20 points)</b> BIO 210 _____ CHM 105 _____ ENG101 _____ MAT 101 _____	<b>A = 5 points</b> <b>B = 3 points</b> <b>C = 1 point</b>																																
<b>Academic Rigor: (maximum = 7.0 points)</b>  <b>Number of Dental Hygiene general education courses completed</b> <table border="1" style="margin: 10px auto; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">GPA</th> <th style="text-align: center;">4</th> <th style="text-align: center;">5</th> <th style="text-align: center;">6</th> <th style="text-align: center;">7</th> <th style="text-align: center;">8</th> <th style="text-align: center;">9</th> <th style="text-align: center;">10</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">2.75-2.99</td> <td style="text-align: center;">3.0 pts</td> <td style="text-align: center;">3.5 pts</td> <td style="text-align: center;">4.0 pts</td> <td style="text-align: center;">4.5 pts</td> <td style="text-align: center;">5.0 pts</td> <td style="text-align: center;">5.5 pts</td> <td style="text-align: center;">6.0 pts</td> </tr> <tr> <td style="text-align: center;">3.00-3.50</td> <td style="text-align: center;">3.5 pts</td> <td style="text-align: center;">4.0 pts</td> <td style="text-align: center;">4.5 pts</td> <td style="text-align: center;">5.0 pts</td> <td style="text-align: center;">5.5 pts</td> <td style="text-align: center;">6.0 pts</td> <td style="text-align: center;">6.5 pts</td> </tr> <tr> <td style="text-align: center;">3.51-4.00</td> <td style="text-align: center;">4.0 pts</td> <td style="text-align: center;">4.5 pts</td> <td style="text-align: center;">5.0 pts</td> <td style="text-align: center;">5.5 pts</td> <td style="text-align: center;">6.0 pts</td> <td style="text-align: center;">6.5 pts</td> <td style="text-align: center;">7.0 pts</td> </tr> </tbody> </table>	GPA	4	5	6	7	8	9	10	2.75-2.99	3.0 pts	3.5 pts	4.0 pts	4.5 pts	5.0 pts	5.5 pts	6.0 pts	3.00-3.50	3.5 pts	4.0 pts	4.5 pts	5.0 pts	5.5 pts	6.0 pts	6.5 pts	3.51-4.00	4.0 pts	4.5 pts	5.0 pts	5.5 pts	6.0 pts	6.5 pts	7.0 pts	
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<b>Previous College Performance</b> Bachelor's degree or higher	<b>1 point</b>																																
<b>Horry or Georgetown County Resident (as established by the College):</b>	<b>1 point</b>																																
<b>Total Points: (Maximum 32 points)</b>																																	

All Dental Hygiene students MUST complete the background checks and drug screening 30 days PRIOR to the start of classes. Should there be a negative result, the student will NOT be allowed entrance into the program.

Dental Hygiene students are required to complete the following after acceptance into the program:

- Health Science Student Physical, immunizations or acceptable titers for: Hepatitis B, rubella, rubeola mumps and TB
- Healthcare Provider CPR/AED certification

I understand that if I do not submit proof that these requirements have been met by the **end of the first semester of the program**, I will be removed from the Dental Hygiene courses and must reapply to the Dental Hygiene program during the next available application process.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

I also understand that if I am accepted and unable to accept my seat for any reason, my name will not be carried forward for acceptance for a future semester. I must reapply during one of the application periods and be selected for acceptance for the new term.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

I understand that if I am accepted I am responsible for a non-refundable \$500 tuition deposit which will go toward the semester I begin the Dental Hygiene program.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date