

# Application for Admission

## PERSONAL INFORMATION

Last (Family) Name \_\_\_\_\_

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

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

Permanent Address \_\_\_\_\_  
\_\_\_\_\_

Postal Code \_\_\_\_\_

Daytime Telephone \_\_\_\_\_

Evening Telephone ( \_\_\_\_\_

Mailing Address (if different from permanent address)  
\_\_\_\_\_  
\_\_\_\_\_

Postal Code \_\_\_\_\_

E-mail \_\_\_\_\_

Birth Date \_\_\_\_\_

Social Insurance Number \_\_\_\_\_

O.E.N (Ontario Education #) \_\_\_\_\_

Are you a Canadian Citizen?      Yes            No

*If you answered no, please attach a copy of your Student Visa or other residency documentation.*

- Permanent Resident
- Student Authorization
- Refugee Status
- Other (Please specify) \_\_\_\_\_

### Emergency Contact

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Postal Code \_\_\_\_\_

Home Telephone Number \_\_\_\_\_

Alternate Telephone Number \_\_\_\_\_

E-mail \_\_\_\_\_

How did you hear about the Southern Ontario Dental College?  
\_\_\_\_\_

## EDUCATION

Please list your most recent school first.

**School/Institution** \_\_\_\_\_

Address \_\_\_\_\_

Postal Code: \_\_\_\_\_

Program \_\_\_\_\_

Highest Educational Level Completed \_\_\_\_\_

Year Entered \_\_\_\_\_      Year Left \_\_\_\_\_

**School/Institution** \_\_\_\_\_

Address \_\_\_\_\_

Postal Code: \_\_\_\_\_

Program \_\_\_\_\_

Highest Educational Level Completed \_\_\_\_\_

Year Entered \_\_\_\_\_      Year Left \_\_\_\_\_

**School/Institution** \_\_\_\_\_

Address \_\_\_\_\_

Postal Code: \_\_\_\_\_

Program \_\_\_\_\_

Highest Educational Level Completed \_\_\_\_\_

Year Entered \_\_\_\_\_      Year Left \_\_\_\_\_

---

**I hereby certify that all statements made on this form are correct and complete. I understand that any misrepresentation of information may result in the cancellation of my admission or registration. Students wishing to practice in the Province of Ontario must apply to write the National Dental Hygiene Certification Board (NDHCB) examination. Upon successful completion of the NDHCB examination, SODC graduates should apply to the College of Dental Hygienists of Ontario (CDHO). SODC graduates intending to practice in other provinces must contact those jurisdictions and follow the prescribed registration/licensure procedures.**

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

Date \_\_\_\_\_