

**Bachelor of Science Degree Dental Hygiene (Direct Admit)
Completion Checklist
Summer 2024**

****IMPORTANT****
Form MUST be the semester and year
for which you are applying.

YOU MUST FILL IN ALL BLANKS

Student name (print): _____ NSHE #: _____
The semester for which I am applying is: _____ Phone: _____
The application deadline is: _____ Today's date: _____

1. Check if applicable:

_____ I am transferring or have transferred credits (attach a copy of MyCSN Transfer Credit Report).

Note: "LELC" courses may require proof of approved substitution waiver/request – see LE Policy; Grades of "P & TP," and "S or TS" received prior to spring 2020, will be considered a "C" unless you attach an **official** transcript showing a different grade – see LE Policy for additional information on "S & TS" grades; A grade of "TR" will not be accepted unless you attach an **official** transcript showing actual grade.

PLEASE NOTE: PROOF OF APPROVED SUBSTITUTION WAIVER/REQUEST MUST BE ATTACHED IF APPLICABLE

2. Circle either TRUE or FALSE to ALL the following:

- TRUE FALSE** I am not currently enrolled in a Limited Entry Program.
- TRUE FALSE** My science courses and DH core courses are less than 7 years old.
- TRUE FALSE** I have met with a Health Programs Advisor. Date of meeting: _____
- TRUE FALSE** I have completed the Limited Entry Workshop. Date of workshop: _____
(Quiz result must be attached).
- TRUE FALSE** I have paid the \$20.00 non-refundable Limited Entry Application Fee (receipt/proof of payment is attached).
- TRUE FALSE** I understand that my cumulative GPA for the following courses must be 2.75 or higher: BIOL 189, BIOL 223, BIOL 224, BIOL 121, CHEM 121, CLS 261, CLS 262, DH 100, DH 102, ENG 101, ENG 102, and COM 101.
- TRUE FALSE** I have a minimum cut-off score of 60% on the Spatial Perception test (attach copy of score from MyCSN).
- TRUE FALSE** My TEAS scores meet the minimum requirements. Fill in scores; attach a copy of the TEAS score sheet.
Reading Score _____ (min 80%) Math Score _____ (min 60%)
English Score _____ (min 60%) Science Score _____ (min 60%)
- TRUE FALSE** I have completed BIOL 121, CLS 261, CLS 262, DH 100 and DH 102 with a "B" or higher ("B-" not accepted).
- TRUE FALSE** I have completed all other prerequisite courses with a "C" or higher ("C-" not accepted).

IF YOU ANSWERED "FALSE" OR LEFT ANY OF THE ABOVE ITEMS "BLANK", YOU CANNOT SUBMIT YOUR APPLICATION PACKET WITHOUT SELECTION SPECIFIC EXCEPTION WAIVER OR MEMORANDUM

3. Read and initial the following:

- _____ I have read, understand, and agree to comply with the Limited Entry Academic Programs Policy and Procedures.
- _____ I understand that my final grades, including transfer credits, must be posted in MyCSN by the deadline date.
- _____ I understand that I must notify the Limited Entry office of any name, address, or phone change in writing.
- _____ I understand that if I repeat a course, the highest of the first three attempts, including W, WT or AU, will be used.
- _____ I understand that the official transcript evaluation of applicable transfer credits must be complete by the deadline date.
- _____ I understand that no additional documentation can be added to my application after the deadline date.
- _____ I understand that I must reproduce all documentation if I reapply in the future. The Limited Entry Office doesn't provide documents.
- _____ I understand that I must submit everything at one time with this checklist even if submitted to another department.
- _____ I understand that once I accept a position in a Limited Entry program, I cannot apply to another Limited Entry program until I complete or exit the program I originally accepted.
- _____ I understand that I may receive a point deduction if I reapply to a program that I was previously enrolled in.
- _____ I understand that I must transfer TEAS scores to CSN if the test was not taken through CSN.

4. Circle either Yes or No for each item below that you are submitting for points. Must fill in scores and grades.

- YES NO** Dexterity Test Part I score _____
Part II score _____
- YES NO** Spatial Perception Test score _____ (min 60%)
- YES NO** Copy of CSN unofficial transcript with graduation date of Associate of Science in Dental Sciences

**SUBMIT YOUR COMPLETE APPLICATION PACKET TO THE LIMITED ENTRY OFFICE
WEST CHARLESTON, ROOM K-216, (702) 651-5633**

Student Signature _____