INSTRUCTIONS FOR ADMISSION

DENTAL HYGIENE APPLICATION Submit a completed application, including a photograph taken within the last six months. Answer ALL questions. Be sure to SIGN the application. An application fee of $60.00 is required to accompany the application. A check or money order should be made payable to Loma Linda University School of Dentistry.

PERSONAL STATEMENTS The following questions should be answered on separate paper and included with your application. Please be brief. Limit each essay to 150 words. Please use a word processor and be sure to PRINT your name, SIGN, and DATE the essay.

1. As you read the information on Loma Linda University, what personal attributes make you a desirable applicant?
2. What distinctive aspects of LLU School of Dentistry are particularly meaningful to you?
3. Please describe experiences you had in a dental setting (i.e. working, volunteering, observing, etc.). In addition, please complete attached observation report.
4. With what church or religious faith do you most closely identify? Include church affiliation, name of spiritual leader and phone number.
5. Discuss how your spiritual experience has influenced and been integrated into your daily life and the choice of your career.
6. How do you plan to fulfill the mission of Loma Linda University as a student and then alumnus of the School of Dentistry?
7. Describe your use, past and present, of alcohol, tobacco, and drugs.

TRANSCRIPTS When an applicant becomes an accepted student official transcripts are required. In order to be considered official, transcripts must be mailed directly from each college or university attended, to the School of Dentistry Admissions Office. Hand carried transcripts or those mailed from home will not be considered official. Ask all schools to mail transcripts to: Loma Linda University, School of Dentistry, Office of Admissions, Loma Linda, CA 92350.

REFERENCES Each applicant is required to supply a minimum of three references (form can be found in packet). One reference from a science instructor, one from a minister/clergy of your religious faith, and one from an employer or professional with whom you have worked. Members of the applicant's family are excluded.

DENTAL HYGIENE OBSERVATION/WORK EXPERIENCE Applicants must submit proof of a minimum 20 hours of observation/work experience in a dental office (form can be found in packet).