

**Bachelor of Science Degree
Dental Hygiene
Completion Checklist
Summer 2023**

****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: 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; and "LELC" courses will be accepted only with proof of approved substitution waiver.

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 understand that GPA on Dental Hygiene coursework must be 2.75 or higher.

TRUE FALSE I have met with the Dental Hygiene Program Director by December 16, 2022 (attach proof of meeting).

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 have an Associate Degree in Dental Hygiene from an institution accredited by the Commission on Dental Accreditation. (AS or AAS) Name of School: _____

TRUE FALSE A copy of my diploma/transcript from the school where I obtained my degree in Dental Hygiene is attached.
Note: International (non-US) transcripts must be evaluated through a NACES member organization
(<https://www.naces.org/members>).

TRUE FALSE I understand that I must complete a minimum of 89 transferable college credits (30 of which must be in general education courses).

TRUE FALSE I have completed the following courses with a "C" or higher. ("C-" is not accepted).

_____ PSC 101/HIST 100 (grade _____) **OR** _____ HIST 101/111 (grade _____) **and** HIST 102 (grade _____)
_____ HIST 101/111 (grade _____) **and** HIST 217 (grade _____)
_____ ENG 100, 101, 101H or 113 (grade _____)

TRUE FALSE I have completed **one** of the following courses to satisfy the prerequisite for EPY 303:

_____ PSY 101 _____ SOC 101 _____ ANTH 101

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 or AU, will be used.

_____ I understand that the official transcript evaluation of applicable transfer credits must be complete by the deadline.

_____ I understand that no additional documentation can be added to my application after the deadline.

_____ 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 the program I originally accepted.

_____ I understand that I may receive a point(s) reduction if I reapply to a program that I was previously enrolled in.

4. Circle either YES or NO for each item below that you are submitting for points.

YES NO Verification of Nevada in-state residency (attach proof obtained from the Office of the Registrar or from your MyCSN Student Account under "Demographic Data")

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

Student Signature: _____