INSTRUCTIONS FOR SUBMITTING SCREENING FORM
Dental Hygiene Program (21DH)

Submitting a screening form declares your intent to be considered for the Dental Hygiene (21DH) Program

SCREENING FORM SUBMISSION
Complete this Screening form and submit it to the Office of Admissions and Recruitment:

Email:  
dhy-admissions@clcillinois.edu
(Print the form, complete it, scan it, and attach it to the email)
Fax:   (847) 543-3061
US Mail:  Office of Admissions and Recruitment
19351 West Washington Street
Grayslake, IL 60030-1198
In Person: Welcome and One Stop Center – Grayslake Campus, B114

SCREENING DEADLINES
Forms must be received by the end of business on:
the 1ST WEDNESDAY in FEBRUARY

SCREENING FORM VERIFICATION
It is your responsibility to confirm that the Office of Admissions and Recruitment has received your screening form and other documents.  You may do so via:

Email:  
dhy-admissions@clcillinois.edu
Phone:  (847) 543-2061
In Person: Welcome and One Stop Center – Grayslake Campus, B114

Updated 7/2/2018
Request for Screening Dental Hygiene Program (21DH)

RETURN THIS FORM AND ALL REQUIRED DOCUMENTS TO:
Office of Admissions and Recruitment
19351 West Washington Street • Grayslake • Illinois • 60030-1198
Phone: (847) 543-2061 • Fax: (847) 543-3061 • dhy-admissions@clcillinois.edu

The Dental Hygiene program is a limited enrollment program that requires a screening procedure to select the academically best qualified from those who request consideration. Preference will be given to residents of Community College District 532 and other institutions with Joint Agreements.

This form must be completed and submitted to the Office of Admission & Recruitment by the screening deadline of the semester for which you desire admission.

Screening Deadline:
• 1st WEDNESDAY in FEBRUARY

Screening requirements need to be completed prior to the screening deadline.

Name:________________________________________ CLC ID#____________________
Former or Maiden Name:_________________________ Social Security #:__________________
Address:_______________________________________ Phone: (_____)__________________
________________________________________________
Admission for: □ Fall Year:__________

1. I have submitted the following to the Admissions and Recruitment Office: (check the appropriate boxes)
   A. Official High School Transcript with graduation date OR Official GED Test Scores
   □ OR
   B. Official College Transcript with graduation date and degree awarded
   □ OR
   C. Official Foreign High School or College Transcript evaluated by a NACES approved agency
   □

2. I have met the following minimum selection criteria to screen: (check the appropriate boxes)
   A. Attend a Dental Hygiene Information Meeting (Attendance date must be no more than two years prior to the screening deadline of the year for which you are applying) Date
   □
   B. College Reading and Writing Readiness and Basic Algebra Readiness □
   C. CLC Cumulative GPA is 2.0 or above □
   D. CHM 120 (or CHM 121) or an equivalent course (C or better) □
   E. BIO 123 (or BIO 161) or an equivalent course (C or better) □
   F. BIO 244 or an equivalent course (C or better) □
   G. NLN PAX with minimum acceptable percentile scores (within 3 years of the screening deadline) □

If you have coursework from another school that could be used to meet program requirements, you must submit a Request for Evaluation of Transcript form. The form is included with this packet, and is available at www.clcillinois.edu/studentforms.

I have read and understand the information contained in this Screening Request form. I believe I am/will be ready for screening consideration for admission to the Associate Degree in Dental Hygiene Program by the deadline date for the term and year that I have indicated above (Including that I will be at least 18 years of age by the start of the program). I understand that it is my responsibility to ensure that all of the above requirements are met prior to the screening deadline.

________________________________________________
(Student Signature) ______________________________
(Date)
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<tr>
<th>Screening Results</th>
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<tbody>
<tr>
<td>Meeting: _____ Yes _____ No</td>
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<tr>
<td>CLC GPA: _____________</td>
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<tr>
<td>Coursework: _____ Chemistry _____ Biology _____ Biology (A&amp;P)</td>
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<td>NLN Results: _____ Verbal _____ Math _____ Science _____ Composite</td>
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<td>Notes:</td>
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<td>Outcome/Letter:</td>
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- OFFICE USE ONLY -

HS Grad ___________ College Grad ___________ Credit Eval ___________ NLN Test Scores ___________

File Completion Date_________________________________ Adm Rep_______________________________________

Notes:
Request for Evaluation of Prior College Transcripts

RETURN THIS FORM TO:
Welcome and One Stop Center – B114
19351 West Washington Street • Grayslake • Illinois • 60030-1198
Phone: (847) 543-2061 • Fax: (847) 543-3061 • Email: records@clcillinois.edu

Name_______________________________________________________________________ CLC ID #______________________

Maiden or Other Name:_________________________________________________________

Home Phone (________)______________________ Cell Phone (________)______________________

Evaluate transcripts towards the following program(s) of study:

☐ Associate in Arts (13AB) ☐ Associate in Science (11AB) ☐ Associate in Engineering Science (12AB)
☐ Associate in Fine Arts (14AA) ☐ AFA in Music (16AB) ☐ AA in Teaching Secondary Math (17AB)
☒ Associate in Applied Science (AAS) - write plan code and title below

Plan Code___ 21DH___ Title___ Dental Hygiene

☐ Certificate - write plan code and name below

Plan Code____________ Title_____________________________________________________________________________________

☐ Associate in General Studies (10AC)** (Students must meet with a counselor for approval into this program)

• Official transcripts should be sent directly to the College of Lake County. Transcripts must be received in a sealed envelope or sent electronically from an institution via an approved secure site in order to be considered official. Unofficial transcripts cannot be used for transfer credit.

• Courses from your previous college(s) will only be evaluated towards the program(s) noted above. Not all courses may transfer. If you are unsure of your program of study, contact the Counseling and Advising Center at (847) 543-2060 prior to turning in this form.

• International transcripts will not be evaluated; you must contact an approved evaluator for evaluation for foreign coursework, and have the official evaluation sent to Registrar and Records. The evaluation must be a Catalog Match evaluation in order to be considered for transfer credit. Contact a counselor or advisor for a list of approved companies that provide Catalog Match services.

List of Colleges or Universities to be evaluated (please fill in complete name - NO ABBREVIATIONS):

<table>
<thead>
<tr>
<th>College or University Name</th>
<th>City and State</th>
<th>Date You Requested Transcripts</th>
<th>&quot;Office Use Only&quot; Date Received</th>
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PLEASE NOTE: When your evaluation request is complete, you will receive notification in your CLC email account. Evaluations are normally completed within 6 weeks of receipt of the last document. Any concerns regarding your transfer credit evaluation must be made within one month of the completion of your evaluation. Once posted, transfer credit cannot be removed from your record.

I request the College of Lake County to evaluate my college transcript(s) for the purpose of determining transfer credit. I understand that I must be a degree or certificate seeking student to make this request.

_______________________________________________________ (Student Signature)

________________________________ (Date)

OFFICE USE ONLY

Last Document Date: ___________________________ Date Completed and Emailed: ___________________________