



# Fall 2019 Dental Hygiene Program Checklist

Student Name: \_\_\_\_\_

Student W ID: \_\_\_\_\_

I have completed, checked and enclosed the following required documents:

### Part 1: General Admissions Application

Verified I have submitted the Spring 2019 general admissions application to Chabot College online and obtained my Chabot student W ID number.

OFFICE USE ONLY	
<input type="checkbox"/> Received	<input type="checkbox"/> Not Submitted

### Part 2: Fall 2019 Dental Hygiene Program Application

Enclosed I have completed and enclosed my Fall 2019 Dental Hygiene Program Confirmation Page.

Enclosed I have completed and signed the Application Process Procedure documentation.

OFFICE USE ONLY	
<input type="checkbox"/> Received	<input type="checkbox"/> Not Submitted
<input type="checkbox"/> Received	<input type="checkbox"/> Not Submitted

### Part 3: Official Transcripts

List **ALL** colleges/universities attended even if no dental hygiene related courses were taken and enclose one official transcript from each institution with this application packet. All transcripts, excluding Chabot and Las Positas College transcripts, must be enclosed in this packet even if it is already on file with the Admissions and Records Office.

Yes I attended Chabot College and/or Las Positas College.  
*Do NOT submit transcripts for Chabot and/or Las Positas College*

#### List name of each college/university attended

- Enclosed 1. \_\_\_\_\_
- Enclosed 2. \_\_\_\_\_
- Enclosed 3. \_\_\_\_\_
- Enclosed 4. \_\_\_\_\_
- Enclosed 5. \_\_\_\_\_
- Enclosed 6. \_\_\_\_\_
- Enclosed 7. \_\_\_\_\_
- Enclosed 8. \_\_\_\_\_
- Enclosed 9. \_\_\_\_\_
- Enclosed 10. \_\_\_\_\_

OFFICE USE ONLY	
<input type="checkbox"/> Received	<input type="checkbox"/> Not Enclosed
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<input type="checkbox"/> Received	<input type="checkbox"/> Not Enclosed
<input type="checkbox"/> Received	<input type="checkbox"/> Not Enclosed
<input type="checkbox"/> Received	<input type="checkbox"/> Not Enclosed
<input type="checkbox"/> Received	<input type="checkbox"/> Not Enclosed
<input type="checkbox"/> Received	<input type="checkbox"/> Not Enclosed

### Part 4: Verification of Residence

Enclosed All applicants must submit documentation verifying residence such as a copy of utility bill, lease agreement, property tax bill, auto registration, current paystub, etc. Driver's license and California ID will not be accepted.

OFFICE USE ONLY	
<input type="checkbox"/> Received	<input type="checkbox"/> Not Submitted

### Part 5: Verify Zonemail account

All correspondence, such as application confirmation and admission status to the Program, will be sent via Chabot student Zonemail email account.

Verified My Chabot student Zonemail account is \_\_\_\_\_@zonemail.clpccd.edu

OFFICE USE ONLY	
<input type="checkbox"/> Verified	<input type="checkbox"/> Not Submitted

### Send this checklist and enclose all required documents in one packet to:

Chabot College  
Box 13 - Dental Hygiene Application  
25555 Hesperian Blvd.  
Hayward, CA 94545

**Note: All applications must be postmarked on or before January 31, 2019. Hand-carried documents will not be accepted.**

OFFICE USE ONLY	
<input type="checkbox"/> Complete	
<input type="checkbox"/> Incomplete	
<input type="checkbox"/> Application Confirmation email Date sent:	

