

Briefly explain why you are interested in enrolling in one of the Dental Technology programs at Indiana University Fort Wayne School of Dentistry.

Select your desired degree path:

Associate degree _____ Bachelor of Dental Technology _____ Pre-Dentistry _____

Completed application must be dated, signed, and received by the IUFW Dental Education June 25:

Email to Suzanna, Harrigan scharrig@iu.edu

Or mail/hand deliver to:

Indiana University Fort Wayne
2101 E Coliseum Boulevard
Fort Wayne, Indiana 46805-1499
Dental Laboratory Technology

*Note: You cannot be admitted to the Dental Laboratory Technology Program until you have
been admitted to Indiana University Fort Wayne*

Signature _____ Date _____

ADMIN use only: Date Application Received _____