



# SCHOOL OF DENTISTRY

INDIANA UNIVERSITY FORT WAYNE

Dept. Use Only

Date Rec'd \_\_\_\_\_

ID Number \_\_\_\_\_

## DENTAL TECHNOLOGY PROGRAM APPLICATION FOR ADMISSION

### Personal Data

1. Full Legal Name \_\_\_\_\_  
Last Name First Name Middle Name

2. Home Address \_\_\_\_\_  
Street Address

\_\_\_\_\_ City State Zip County

3. Preferred Address \_\_\_\_\_  
Street Address

\_\_\_\_\_ City State Zip County

4. Current Phone Number \_\_\_\_\_

5. Current Email \_\_\_\_\_

### Education Data

6. \_\_\_\_\_  
High School Date of Graduation

7. List below all education beyond high school:  
Name and address of institution Date entered & left Year Graduated

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Are you currently attending any college or university? Yes \_\_\_\_ No \_\_\_\_

Name of School \_\_\_\_\_

Are you now or have you ever been on academic probation, suspended or refused admission to any college or university? Yes \_\_\_\_ No \_\_\_\_ (If yes, please explain below)

\_\_\_\_\_  
\_\_\_\_\_

9. Briefly explain why you are interested in a career in Dental Technology and where you received your first Dental Technology Program information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Please select a concentration Sales and Leadership \_\_\_\_\_ Pre-Dentistry \_\_\_\_\_

Please return completed application to: Program Director – Dental Technology  
Indiana University Fort Wayne  
2101 East Coliseum Boulevard  
Neff 150  
Fort Wayne, Indiana 46805

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