

**Intent to Enroll Form  
 Dental Hygiene Program  
 Health and Public Safety Division**

Please assure that all items have been completed, attached, and/or submitted to Enrollment Services, which is located in the Welcome Center on the La Crosse campus. **Do not** mail in the Intent to Enroll form. The Intent to Enroll form will be submitted at your **mandatory** Enrollment Services Advisor meeting. This meeting will be set up **after** you have completed all of the requirements in Step II, as outlined in the program admission requirements. An appointment with an Enrollment Services Advisor can be scheduled at (608) 785-9553. We recommend that you retain copies of each document submitted to Western for your personal records.

<b>Program Admission Requirements:</b>	<b>Completed /Initials</b>
<b>STEP I – Application to the College</b>	
1. Submit WTCS Application Form and \$30 application fee. <a href="http://www.westerntc.edu/admissions">http://www.westerntc.edu/admissions</a>	
2. Submit copies of Transcripts: High School and College, if applicable.	
3. Complete Reading, Writing and Math course/placement testing requirements. Contact the Assessment Center to schedule at (608) 785-9566.	
<b>STEP II – Application to the Program</b>	
1. Read Mandatory <a href="#">Online Program Overview</a> .	
2. Meet reading requirement as outlined in the online s	
3. Meet math requirement as outlined in the online overview	
4. Meet writing requirement as outlined in the online overview	
5. Read program <a href="#">Essential Functions</a> .	
6. Submit completed <a href="#">Immunization form</a> , including TB. TB test to be maintained annually through out program.	
7. Submit <a href="#">Background Information Disclosure form</a> and fee.	
8. Complete American Heart Association Healthcare Provider CPR and submit copy of CPR card. Must be maintained throughout the program.	
9. Completion of one year High School or one semester of Developmental or College Biology with a C or better. €	
10. Completion of one year High School or one semester of Developmental or College Chemistry with a C or better. €	
11. Completion General Anatomy and Physiology #10-806-177 with a C or better.	
12. Completion of Bio Chemistry #10-806-186 or Microbiology #10-806-197 with a C or better.	

€ This is a pre-requisite for taking General Anatomy and Physiology

Dental Hygiene

Name \_\_\_\_\_

Student ID \_\_\_\_\_

**My signature** below signifies that I have completed these requirements and intend to enroll in program courses as soon as possible:

Yes No

- Completed the program admission requirements.
  - Read the online overview and understand:
    - The specific program requirements (e.g. travel for clinical, purchase of materials, etc.)
    - How to contact program faculty and/or Enrollment Services if I have any questions or concerns.
    - That it is my responsibility to keep my contact information (address/phone number) current with Enrollment Services.
  - I have read and I understand the Essential Functions relative to the program.
    - I am able to meet the Program Specifications and do not need any reasonable accommodations to meet those standards at this time.
- \_\_\_ (✓) I require the following reasonable accommodation(s) to meet the Program Specifications:

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

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Enrollment Advisor/Counselor Signature

\_\_\_\_\_  
Date

**Retain a copy for your records. Schedule a meeting with an Enrollment Services Advisor/Counselor.**

Western Technical College  
Enrollment Services, Welcome Center  
400 Seventh Street North, PO Box C-0908  
La Crosse, WI 54602-0908  
608-785-9553