Springfield Technical Community College
Dental Assistant Program
Program Coursework Requirement Form 2025

***This **PRINTABLE form** must be **MAILED or EMAILED** to the Admissions Office** (An electronic version, which can be completed and submitted online, is available on the program website)
Instructions- Please read carefully.

- Complete all items on both sides. If not applicable, enter N/A in the appropriate box, do not leave anything blank. All *requirements* must be completed, or in progress in order to apply. ·
- This is a checklist, please refer to the program website for *detailed* information. You must also complete the *STCC COLLEGE APPLICATION*.
- After you have completed each section, sign and *MAIL or EMAIL this form* to the Admissions Office by **April 30:**

Admissions Office
Springfield Technical Community College
One Armory Square-PO Box 9000
Springfield, MA 01102-9000
Admissions@stcc.edu

For additional information regarding applying to the college, please visit www.stcc.edu/apply

Name (print legibly)_____

If you are a current or former STCC student, list ID#_____

Address_____

City/State_____Zip code_____Country_____

Telephone number_____Email_____

If there are any extenuating or unusual circumstances related to your application, please note below.
_____
_____

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Admission Prerequisites/Requirements	Provide appropriate response
1. Complete STCC College Application, with a request for Dental Assisting	_____Application for Admission
2. Official High School Transcript, HiSet or GED	_____Official document provided
3. **Biology**- Basics of Anatomy and Physiology or Anatomy and Physiology I (with C or better within 5 years) (e.g., BIO 120 or BIO 231)	Course Name/Number: Where/When was it taken? Grade:

*Courses with designated time frames must be current within 5 years from the start of program

Applicants who complete the following courses will be given priority consideration

Course	Grade	When was it taken?	Taken At STCC?	Completed somewhere other than STCC? (list college)	Required documents submitted?
English Composition 1					
General Psychology or Sociology					
Fundamentals of Oral Communication					

My signature below indicates that ALL admission requirements for the Dental Assistant Program have been completed or are in progress as indicated on the reverse page. The information I have provided is accurate, I understand it will be verified by the admission office.

Student applicant signature_____Date_____