

IMPORTANT NOTE:

**Complete this form
only if you turned in
an DAST application
for the 2011 year.**

Chattanooga State Community College
**Dental Assisting Program
2012 Application Update**

Date _____

SS # _____

Name _____
Last First Middle Maiden

Address _____

City _____ State _____ Zip _____

Phone # (home) _____ (work) _____ (cell) _____

Email Address: _____

Have you attended an Information Session? Yes ___ No ___

Have you fulfilled your 16 hours observation in a Dental office? Yes ___ No ___

Have you completed the admission requirements of the college? Yes ___ No ___

Have you scheduled your personal academic planning session with
one of the faculty? Yes ___ No ___

I hereby certify that the above information is true and accurate to the best of my knowledge.

Student Signature _____ Date _____

Please return this form by
December 15, 2011 for priority
consideration to:

Chattanooga State Allied Health
Applications Coordinator, HSC 2088
4501 Amnicola Highway
Chattanooga, TN 37406