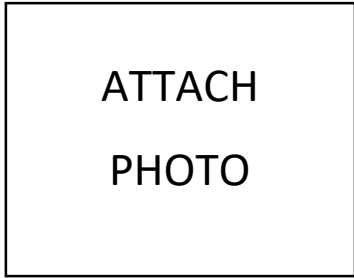


**Liberia Dental Therapy School  
Admission Application**



1. Date \_\_\_\_\_
2. Name (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ )Last) \_\_\_\_\_
3. Current Address \_\_\_\_\_  
\_\_\_\_\_
4. Phone #: \_\_\_\_\_ Email: \_\_\_\_\_
5. Mother's Name  
(First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last) \_\_\_\_\_
6. Mother's Address \_\_\_\_\_  
\_\_\_\_\_
7. Is Mother Living? Yes (  ) No (  )
8. Father's Name  
(First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last) \_\_\_\_\_
9. Father's Address \_\_\_\_\_  
\_\_\_\_\_
10. Is Father Living? Yes (  ) No (  )
11. When do you intend to enroll at Liberia Dental Therapy School ?  
Indicate Semester and year \_\_\_\_\_
12. Condition of Admission: Local (  ) Foreign: (  )
13. Category of Student: Regular (  ) Transfer (  )
14. Date of Birth: MM \_\_\_\_\_ DD \_\_\_\_\_ YYYY \_\_\_\_\_
15. County \_\_\_\_\_ City \_\_\_\_\_ Country of Birth \_\_\_\_\_
16. High School Attended  
Name: \_\_\_\_\_ Date \_\_\_\_\_  
School address \_\_\_\_\_

17. Previous Institution or University Attended

Name: \_\_\_\_\_ Date \_\_\_\_\_

School address \_\_\_\_\_

18. How will your education at Liberia Dental Therapy School be financed?

Scholarship ( ) Name \_\_\_\_\_ Parents ( ) Self ( )

Sponsorship Information ( ) Each Candidate Must Have a Sponsor

State Organization (or individual) \_\_\_\_\_

Sponsors Address \_\_\_\_\_

Contact Name \_\_\_\_\_ Phone # \_\_\_\_\_

Email Address \_\_\_\_\_

19. Have you ever been placed on probation, suspension, or dismissed from any school?

No ( ) Yes ( )

If yes, explain \_\_\_\_\_

\_\_\_\_\_

20. Will you abide by all the rules and regulations of Liberia Dental Therapy School?

No ( ) Yes ( )

21. Do you have any relatives that attended Liberia Dental Therapy School?

No ( ) Skip to next question Yes ( )

22. If yes, state relative's name and year attended below

\_\_\_\_\_

23. I CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. Yes ( ) No ( )

24. Signature (Required) \_\_\_\_\_