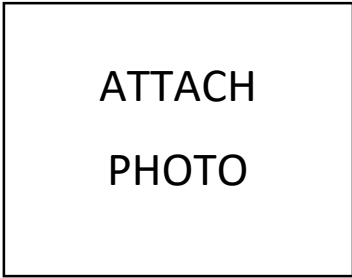


**Liberia Dental Therapy School
Admission Application**



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) _____