



**ASSOCIATE IN APPLIED
SCIENCE DENTAL HYGIENE
WEIGHTED ADMISSION FORM
2025**

Weighted Admission Period

January 15 through May 1 for Fall Enrollment

Campus Location:

Barton Campus - Dental Building # 112 (S. Pleasantburg Dr., Greenville, SC)

Online DHG Career Talk (Mandatory)

Career Talk must be current (valid 1 year) to be eligible to apply. Date Completed: *

Date: * GTC Student ID #: *

Name: * * * *

(Last) (First) (Middle) (Other Name Used)

Address: * Apt. No. *

City: * State: * Zip Code: *

Home Phone: Work Phone: Cell Phone: *

GTC Email Address: *

Please read and verify each statement.

- I have completed the application process to GTC and have received an acceptance letter from Admissions. I am now eligible to complete the Weighted Admissions Form.
- I will have official transcripts from other colleges sent directly to and evaluated by GTC Transcript Evaluation Office/Student Records. Official transcripts must be submitted once spring courses taken during the application period are completed. GTC does not always recognize courses at another institution as being equivalent to its own. Students can look up Transfer Equivalences on the GTC website or contact the Transcript Evaluation Office.
- If transferring from a foreign county, I will have a course-by-course evaluation from WES. WES evaluation must be received and evaluated by the GTC Transcript Evaluation Office.
- I understand that courses/grades can be viewed in GTC4me.
- I have completed Phase I courses.
- I will attach a copy of a current certification, licensure and/or diploma in health care or science field, if applicable. Subject to verification.
- I will attach documentation of work experience in healthcare (direct or indirect patient care) on official company letterhead stating dates of employment and job description, if applicable. Subject to verification.
- I will attach documentation of military service (may include DD214, military ID, or other official military documentation), if applicable. **Subject to verification.**

**Weighted Admissions form and attachments will be submitted
using the SUBMIT button at the end of this form.
Submission serves as the time/date stamp.**

**Dental Hygiene
864-250-8203**

Student Name: *

GTC Student ID #: *

Section A: General Education Courses (quality points = credits x letter grade [A=4, B=3, and C=2])

Count ONLY those courses earned with a grade of "C" or higher. Will only accept a combination of either BIO 210/211 or BIO 215/216.

Courses Taken	Credits	College/University Where Course Was Taken	Semester/Year Course Taken	Letter Grade	Quality Points
*BIO 210	4				
OR					
*BIO 211	4				
*BIO 215	4				
*BIO 216	4				
*BIO 225	4				
MAT 120	3				
ENG 101	3				
PSY 201	3				
SPC 205	3				
CHM 105	4				
SOC 101 (Phase II)	3				
BIO 240 (Phase II)	3				
HSS 295 or PHI 110 (Phase II)	3				
Total Credits				Total Quality Points (maximum of 148 points)	

Technical GPA [Total Quality Points ÷ Total Credits = Technical GPA (do not round)] MUST BE 3.0 OR HIGHER TO QUALIFY FOR ADMISSION (maximum of 7 points)	Technical GPA	3.00-3.49=3 points 3.50-3.99=5 points 4.00=7 points	
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Completion of BIO 210 or 215 with an A	If YES insert 8 points =>	
Completion of BIO 210 or 215 with a B	If YES insert 4 points =>	
Completion of BIO 211 or 216 with an A	If YES insert 8 points =>	
Completion of BIO 211 or 216 with a B	If YES insert 4 points =>	
Completion of MAT 120 with an A	If YES insert 8 points =>	
Completion of MAT 120 with an B	If YES insert 4 points =>	

Total Section A (maximum of 179 points)	
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*Must be current within 5 years of starting the program. Students must take either the combination of BIO 210/211 or BIO 215/216. Biophysical courses may be repeated only once to receive a passing grade.

Section B:

	College/University	Date Earned	Point Value	Points Earned
COL 105			4	

Total Section B (maximum of 4 points)	
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Section C: Previous Education, Military & Work Experience (not required)

[Documentation must be attached.]

Educational Experience – Must be from Regionally Accredited Institution

	College/University	Date Earned	Point Value	Points Earned
Certification, licensure and/or diploma in health care or science field from an accredited institution			5	

Military Service - Documentation may include DD214, Military ID or other official military documentation. (Black out (redact) social security number if visible on documentation.)

Military Service recognition for: Active Duty, Reserve, Honorable Discharge, or Retired Veteran	10	
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Work Experience (choose only one) – Documentation must include dates of employment and job description.

Work Experience in Healthcare – DIRECT Patient Care (6 consecutive month minimum within the last 5 years)	5	
Work Experience in Healthcare – INDIRECT Patient Care (6 consecutive month minimum within the last 5 years)	3	

Total Section C (maximum of 20 points)			
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TOTAL POINTS - SECTIONS A, B, AND C (maximum of 203)			
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Attach Documents:

Work Experience Previous Education File Upload File Upload

Signature Date

Student Signature _____ Date: _____

