

Contract for Returning Students

Dental Assisting Program



I, _____ agree to the following policies and stipulations for returning into the Indian Hills Community College Dental Assisting program. I understand that re-entry into the program is based upon my G.P.A. and testing scores of the class entering:

1. Students will be allowed to repeat a core Dental Assisting course one time if they do not achieve a final grade of a "C" (78%) or better.
2. Student must attend an orientation with Program Director.
3. Students desiring to re-enter the Dental Assisting program and repeat a course will be required to complete the appropriate college and program forms which can be found in the program manual. Prior to re-entering the program applicants will be required to submit a plan of action identifying strategies that will be implemented to support student success. A conference will then be scheduled with the Program Director to review and approve the plan of action before the student registers for classes.
4. Students requesting to re-enter the Dental Assisting program, after the allotted one time; will be considered on an individual basis. Factors that may be considered include; academic success, clinical performance, student behavior/professionalism, and attendance pattern.
5. Students that do not complete Term 1 of the Dental Assisting program are not considered a re-entry student. They must reapply and be screened again in for admission to the program based on testing and G.P.A. scores for that term.
6. The student may be required to enter at a different term for completion of courses. For example, if a student failed a course in term 3, which is now offered in term 2, the student will be required to begin in term 2 for completion of that specific course.
7. Readmission is based on the availability of space in the current cohort.
8. Due to advances in technology and Dental Assisting practices, readmission to the Dental Assisting program after an extended time (3 years from initial enrollment) may necessitate repeating all core Dental Assisting courses.

Name: _____

Signature: _____ Date: _____