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Dental Assisting

Packet

Cumberland: 3322 College Drive, Vineland, NJ 08360
RCSJ.edu

Packet Deadline

Packets Will Be Accepted: *January 2, 2025 – May 2, 2025*

Packet Deadline: *Friday, May 2, 2025 at 5 p.m.*

All Admissions Decisions Sent on or about: *Friday, May 16, 2025*

All admissions decisions will be sent to the **student's campus-specific RCSJ email address**. Applicants should ensure they have access to this email account prior to submission of the packet. **All admissions decisions are final.**

How to Submit Your Complete Packet

All applicants to the Dental Assisting program must review the 2025 Dental Assisting Admissions handbook **before** completing the Packet. The Admissions Handbook contains all current policies and procedures for submitting a complete packet.

Complete Dental Assisting packets may be submitted at any time from January 2, 2025 through May 2, 2025 at 5p.m. Complete packets can be submitted either in person at the Admissions office or by mail. Electronic submissions of packets are not accepted.

Once submitted, the packet is a final document and property of the College. Students cannot add, edit, or remove documentation from their packet after submission. Packets will not be reviewed by RCSJ Staff for completion prior to submission.

Compile all required documentation and secure in a large manila envelope. Do not use file folders, binders, folders with sheet protectors, or mailing envelopes. Your packet should be able to be sealed with all documents inside. Manila envelopes can be found at most stationery stores, wholesale retailers (ex. Walmart or Target), and post offices.

Write the following on the front of the manila envelope:

- Student's Name
- RCSJ Student ID number
- 2025 DA Packet

If mailing your packet, please use the address below:

Cumberland Campus Packets
Rowan College South Jersey Admissions Office
ATTN: Selective Admissions Dental Assisting Packet
3322 College Drive, Vineland, NJ 08360

Please allow extra time for mailed packets to be received!

Complete means that the Dental Assisting packet contains all required documents listed on the checklist and that all general and selective admission requirements have been satisfied. If these conditions are not fulfilled, your file will be incomplete and not considered for admission to the program.

The document order of the packet should follow the document order of the checklist, on the next page. If a requirement listed does not apply to you, it does not need to be included in the packet.

Applicants should contact Selective Admissions on their designated campus with any questions on whether a document needs to be included **prior** to submission of their Dental Assisting packet.

2025 Dental Assisting Packet Checklist

Complete the following sections and include each document in your large manila envelope. Check each box as you include the document. The order of the packet should match the order of the checklist. **Do not staple, paper clip, or binder clip pages together. Please type or print clearly. Use blue or black ink if handwriting application.**

Part I: Required Forms:

All forms must be completed and signed (where necessary) by the applicant before submission.

- 2025 Packet Checklist
- 2025 Dental Assisting Application
- General Admission Completion Form – signed by *both* admissions and applicant.
- 2025 Dental Assisting Packet Submission Agreement
- 2025 Dental Assisting Information Session Proof of Attendance
Date Attended: _____
- 2025 Dental Assisting Admissions Ranking Scoresheet

Part II: Required Transcripts:

- Unofficial RCSJ Transcript

Print directly from your RCSJ.

- N/A – I have never generated an academic record/taken a class at RCSJ. No transcript included.

- Colleges Transcripts if not on file in the Admissions office

Write the name of each college where you generated an academic record and include an official transcript for each if not on file in the Admissions office.

Do not include RCSJ on this list.

- | | |
|--------------------------------|--------------------------------|
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

- Official High School Transcript

- N/A – My high school transcript is on file with the admissions office

- CPR/AED Certification or proof of registration and payment for upcoming certification course

2025 Dental Assisting Application

This application is submitted only after you have completed the general admissions process as described in the handbook. Include this application as part of your completed packet. **Please type or print clearly.**

Application Information:

Legal Last Name: _____ Maiden/Other (If applicable): _____

First Name: _____ Middle Initial: _____ Date of Birth: ____/____/____

Sex: Male Female RCSJ ID Number: _____ RCSJ Email: _____

Address: _____

City: _____ State: _____ ZIP Code: _____ County: _____

Primary Phone Number: _____ Allow RCSJ to/Leave Message: Yes No

Alternate Phone Number: _____ Allow RCSJ to/Leave Message: Yes No

Have you applied to the Rowan College of South Jersey Dental Assisting Program within the last 3 years? Yes No

Note: Communication regarding your admission status will be communicated ONLY through your RCSJ - Student Email account.

Education Information:

Please list below all high schools, vocational/technical schools and colleges/universities attended, **including RCSJ**. This section needs to match the information on the packet checklist **and** in the student's current RCSJ file.

Name of Institution:	Address:	Dates Attended:	Degree Received:
High School	City/State	Month/Year	
Vocational/Technical School	City/State	Month/Year	
College/University	City/State	Month/Year	
College/University	City/State	Month/Year	
College/University	City/State	Month/Year	
College/University	City/State	Month/Year	
College/University	City/State	Month/Year	

The Board of Trustees is committed to providing a work and academic environment that maintains and promotes affirmative action and equal opportunity for all employees and students without discrimination on the basis of certain enumerated and protected categories. These categories are race, creed (religion), color, national origin, nationality, ancestry, age, sex (including pregnancy and sexual harassment), marital status, domestic partnership or civil union status, affectional or sexual orientation, gender identity or expression, atypical hereditary cellular or blood trait, genetic information, liability for military service, or mental or physical disability, including AIDS and HIV-related illnesses. For questions concerning discrimination, contact Almarie J. Jones-Gloucester Campus, Vice President, Chief Diversity Officer, Diversity and Equity, Title IX and Compliance at 856-415-2154 or ajones@rcsj.edu; Nathaniel Alridge Jr., J.D.,-Cumberland Campus, Executive Director, Threat Assessment Management, Title IX, Diversity and Judicial Affairs at 856-498-9948 or nalridge@rcsj.edu. For disabilities, contact Carol Weinhardt-Gloucester Campus, Director Department of Special Services, ADA/504 Officer at 856-415-2247 or cweinhar@rcsj.edu, Meredith Vicente-Cumberland Campus, Senior Director, Accessibility and Support Services 856-200-4688 or mvicent1@rcsj.edu.

2025 General Admission Completion Form

NOTE: It is highly recommended that applicants submit this form to the Admissions Office well in advance of turning in the packet to ensure sufficient time for processing.

Directions:

- I. Complete the information requested in the Student Section (Name, ID number, signature, and date.)
- II. Request an Admissions Office Staff Member to review your form in either of the following ways:
 - a. In-person at Cumberland campus Admissions!
 - b. Scan the form and send it via email: Admissions@cc.rcsj.edu
- III. Admissions Office Staff Member will review, sign, and confirm the successful completion of the general admission requirements with a colorful checkmark across the form.
 - a. Include the completed form with a checkmark in the packet. **Requests made after the May 2, 2025 deadline will not be honored.**

Student Section:

Student Name: _____ RCSJ Student ID #: _____

I am submitting a packet for the **2025 Dental Assisting program** on the Cumberland campus.

I request the Admissions Office to verify my general admission application (including application, high school completion credentials, and college-level placement in reading, writing, and math) is complete.

I acknowledge that only **after** an Admissions Office Staff Member signs this form it will be ready to be enclosed in the packet.

My signature acknowledges that I, the applicant to the program named above, am solely responsible for ensuring I meet the general admission requirements **before** submitting a packet.

Student Signature: _____ Date: _____

RCSJ Admissions Office Section: DO NOT COMPLETE – For Admissions Office Staff ONLY

1. **General Application:** This applicant has a completed general admissions application to the campus designated in the Applicant Section.
 Yes No
2. **High School Completion Credentials:**
 Preliminary high school transcript (*send final copy after graduation*)
 Official high school transcript
 Home school transcript
 GED
 The applicant is missing high school completion credentials.
3. **RCSJ Placement Test Status:** This applicant satisfied the RCSJ placement test or received a testing exemption in the following areas (*Note: all three must be satisfied to submit a packet*):

Reading	Writing	Math
<input type="checkbox"/> Yes: _____	<input type="checkbox"/> Yes: _____	<input type="checkbox"/> Yes: _____
<input type="checkbox"/> No: _____	<input type="checkbox"/> No: _____	<input type="checkbox"/> No: _____

Admissions Office Staff Member: _____ Date: _____

2025 Packet Submission Agreement

Please read the following statements carefully

I downloaded and reviewed the Dental Assisting Admission Packet information/instructions on the Selective Admissions website before completing my packet. I understand the contents of the document and adhere to all regulations, policies, and procedures contained within.

I acknowledge and understand I am solely responsible for following the policies and procedures for the Selective Admissions process.

I certify this Dental Assisting packet is for the Cumberland campus Dental Assisting program at Rowan College South Jersey.

I understand admission to the Dental Assisting Program is not guaranteed, even if I meet or exceed all admissions ranking requirements.

I certify that all documents and information provided by me are true, accurate, and complete. Any misleading or false information may result in actions including, but not limited to, discipline, dismissal, or denial of application to all selective admission programs. In addition, I realize my acceptance may be revoked if I engage in behavior that questions my honesty, integrity, maturity, or ethical character.

I further understand that once I submit this packet to the Admissions Office, it is a final document and property of the College. I understand failure to include any required documentation will result in an incomplete packet and I will be ineligible for admission to the 2025 Dental Assisting Program. This includes the omission of any college transcript not on file in the Admissions office.

The Buckley Amendment (Privacy Act) requires student permission before transferable college courses may be added to the student's academic record. I grant permission to the College to transfer any applicable courses and change my major course of study, should I be accepted to the program.

I understand that a background check will be performed and results must be submitted to the Dental Director, Jaclyn Klepadlo at jklepadl@rcsj.edu by the deadline.

I certify that I am of good moral character.

I understand I am solely responsible for the contents and completion of this packet. My signature below confirms I understand and agree to the statements above.

Last Name: _____ First Name: _____ RCSJ ID Number: _____

Applicant Signature: _____ Date: ____/____/____

2025 Dental Assisting Ranking Score Sheet

Cumberland 100% — Cumulative GPA Verification

Must be a 2.500 or higher from the school of current/most recent attendance. High school seniors will use their wweighted GPA if available. NO ROUNDING accepted. GPA is calculated to the thousandth digit.

Cumulative GPA: _____

School/College of current or most recent attendance: _____