

Dental Assisting Program Advising Sheet

Student Name: _____ ID#: _____

Advisor: _____ Goal: Diploma

Quarter Entered: Fall 2018 Semester Graduating: Fall 2019

1st Term:

Course #	Course Title	Quarter Credits	Semester Credits	Grade
DENT1103	Oral Sciences I	3.0		
DENT1110	Preclinical Concepts	4.5		
DENT1111	Dental Assisting Ethics and Jurisprudence	2.0		
DENT1312	Dental Materials I	3.0		
Total Credits		12.5		

2nd Term:

Course #	Course Title	Quarter Credits	Semester Credits	Grade
DENT1210	Oral Sciences II	3.5		
DENT1211	Dental Assisting Foundations I	5.0		
DENT1212	Oral Hygiene	3.0		
DENT1412	Dental Materials II	3.0		
Total Credits		14.5		

3rd Term:

Course #	Course Title	Quarter Credits	Semester Credits	Grade
DENT1311	Dental Assisting Foundations II	4.0		
DENT1313	Oral Radiography I	4.5		
DENT1314	Clinical Education I	6.5		
DENT1214	Clinical Concepts	3.0		
Total Credits		18		

4th Term:

Course #	Course Title	Quarter Credits	Semester Credits	Grade
DENT1410	Practice Management	(3.0)	2.0	
DENT1411	Dental Assisting Foundations III	(4.0)	3.0	
DENT1413	Oral Radiography II	(1.5)	1.0	
DENT1414	Clinical Education II	(6.5)	4.5	
	Graduating in October 2019			
Total Credits			10.5	

5th Term:

Course #	Course Title	Quarter Credits	Semester Credits	Grade
Total Credits				

6th Term:

Course #	Course Title	Quarter Credits	Semester Credits	Grade
Total Credits				