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Dental Assisting Admissions Packet

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

Packet Deadline

Applications Accepted January 5, 2026 - April 10, 2026 at 4:30 pm

Application Deadline: April 10, 2026, 4:30 p.m.

All Admissions Decisions Sent: May 1, 2026

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 admission packet. **All admissions decisions are final.**

How to Submit Your Complete Admission Packet

All applicants to the Dental Assisting program must review the 2026 Dental Assisting Admissions handbook **before** completing the Admissions 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 through April 10, 2026, however, acceptance decisions will not be made until May 1, 2026. Complete packets can be submitted in person to the Cumberland County Admissions Office – Jennifer Schwarz.

Once submitted, the admission packet is a final document and property of the College. Students cannot add, edit, or remove documentation after submission.

Compile all required documentation in order prior to submitting.

Write the following on the front of the manila envelope if mailing:

- Student's Name
- RCSJ Student ID number
- 2026 DA Admissions Packet

If mailing your packet, please use the address below:

Cumberland Campus Admission Packets
Rowan College South Jersey
ATTN: Jaci Klepadlo, Dental Director
3322 College Drive, Vineland, NJ 08360

Please allow extra time for mailed packets to be received!

Complete means that the Dental Assisting admission 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 admission 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.

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 Admission Packet.

Dental Assisting Admission Packet Checklist

Complete the following sections and include each document in your submission. Check each box as you include the document. The order of your submission 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.

- ☐ Dental Assisting Admission Packet Checklist
- ☐ 2026 Dental Assisting Application
- ☐ 2026 General Admission Completion Form – signed by *both* admissions and applicant.
- ☐ Dental Assisting Admission Packet Submission Agreement
- ☐ Dental Assisting Information Session Proof of Attendance
Date Attended: _____
- ☐ 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.

☐ **Official College Transcripts**

Write the name of each college where you generated an academic record and include an official transcript for each. 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

2026 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 admission 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 portfolio checklist **and** in the student's current RCSJ file.

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

2026 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 admission 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 admission packet. **Requests made after the April 10, 2026 deadline will not be honored for the 2026 cohort.**

Student Section:

Student Name: _____ RCSJ Student ID #: _____

I am submitting a admission packet for the **2026 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 an admission packet.

Student Signature: _____ Date: _____

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

1. **General Application:** This applicant has completed a 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

☐ Yes: _____
☐ No: _____

Writing

☐ Yes: _____
☐ No: _____

Math

☐ Yes: _____
☐ No: _____

Admissions Office Staff Member: _____ Date: _____

Dental Assisting Admission 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 that I am solely responsible for following the policies and procedures for the Selective Admissions process.
- ☒ I certify this Dental Assisting application 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 dental director, it is a final document and property of the College. I understand that failure to include any required documentation will result in an incomplete application and I will be ineligible for admission to the 2026 Dental Assisting Program. This includes the omission of any college transcript.
- ☒ 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: ____/____/____

Dental Assisting Ranking Score Sheet

☐ **Cumberland 100% — Cumulative GPA Verification**

Must be a 2.50 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 hundredth digit.

Cumulative GPA: _____

School/College of current or most recent attendance: _____