



Associate Degree Surgical Technology Program

APPLICATION

Name _____ Student ID # _____

Mailing address _____

City _____ State _____ Zip _____ County _____

Phone (home) _____ (other phone #) _____

Student e-mail _____

--Check all that apply:

- I am a current high school student (or just graduated this year) I am a current SCC student
- I am a current student at another college I am not currently enrolled in college

List every college, university, and technical college attended _____

Have you taken the ACT exam? _____ YES _____ NO (NOTE: ACT score in PeopleSoft are required for application)

What is your highest composite ACT score? _____

Have you ever been convicted of or have charges pending against you for a felony or misdemeanor in any state jurisdiction? No _____ Yes _____
(If yes, please explain fully)

Do you understand the nature of the field of Surgical Technology? Yes _____ No _____

Priority for admission may be given to students who complete their general education classes before applying to the program.

<p>Courses in this box must be completed before program admission</p> <p><input type="checkbox"/> (BIO 137) Human Anatomy & Physiology I</p> <p><input type="checkbox"/> (BIO 139) Human Anatomy & Physiology II</p> <p><input type="checkbox"/> (BIO 118) or (BIO 225) or (BIO 226) or (BIO 227) Microbiology</p> <p><input type="checkbox"/> (AHS 115) or (CLA 131) or (MIT 103) Medical Terminology</p> <p><input type="checkbox"/> MAT 110 or higher</p>
<p>All courses except one in this box must be completed prior to program admission</p> <p><input type="checkbox"/> ENG 101 or ENG 102 or ENG 105 Writing</p> <p><input type="checkbox"/> Digital Literacy</p> <p><input type="checkbox"/> Heritage/Humanities</p> <p><input type="checkbox"/> Social/Behavioral Science</p>

Signature of student _____ Date _____