

APPLICATION FOR SURGICAL TECHNOLOGY PROGRAM

APPLICANT INFORMATION

(Applications will be accepted from June 1 to June 30, for the class starting in the fall of 2018.)				
Last Name:	First Name:	rst Name: Middle Initial:		
Please list any other names you have gone by here:				
Date of birth:	Banner ID (for community college students):			
Work Phone:	Cell Phone:	Home Phone:		
May we text your cell phone? Yes No				
Current street address:				
City:	State:		ZIP Code:	
HCC E-mail:		Personal or alternate E-mail:		
(All contact will be made using this address.)				
CHECKLIST FOR REQUIREMENTS FOR APPLICATION (Only completed applications will be considered.)				
Official HS Transcript				
Official Transcripts from every college				
Demonstration of college-level reading and math skills: English 101 and Math 104 grades (C or higher), Science grade C+ or higher, or Official SAT scores for recent HS graduates, or results of English and Math placement tests if SAT is <499 in Math and/or <449 in Critical Reading.				

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One Letter of Reference, sealed and signed by the individual writing the reference. Reference needs to be professional, employer or instructor. NO PERSONAL REFERENCES.				
Essay (250 to 500 words) Explain why you want to be a surgical technologist and describe two of your characteristics or experiences that would support your application.				
PROFESSIONAL REFERENCES (ON OFFICIAL LETTERHEAD IF POSSIBLE)				
Name and Job Title	Address	Phone		
APPLICANT'S SIGNATURE				
I authorize the verification of the information provided on this form, and, to the best of my knowledge, believe it to be complete and accurate. I understand that any falsification will result in dismissal from the program.				
Signature of applicant:		Date:		