



## Application for Admission

### Applicant Information

Please complete (type) all areas

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Student ID: \_\_\_\_\_

Have you ever been convicted of a felony? YES NO

If yes, explain: \_\_\_\_\_

### Education

Please include all colleges, universities, vocational schools, allied health schools attended (including SPC)

Institution: \_\_\_\_\_ City & State: \_\_\_\_\_

Credits: \_\_\_\_\_ Did you graduate? \_\_\_\_\_ Degree Earned: \_\_\_\_\_

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Credits: \_\_\_\_\_ Did you graduate? \_\_\_\_\_ Degree Earned: \_\_\_\_\_

Institution: \_\_\_\_\_ City & State: \_\_\_\_\_

Credits: \_\_\_\_\_ Did you graduate? \_\_\_\_\_ Degree Earned: \_\_\_\_\_

Licenses or Certificates held: \_\_\_\_\_

### Disclaimer and Signature

-Students in the Surgical Technology Program who may have a criminal background, please be advised that the background may keep you entering the program due to clinical site policies. Students who have a question regarding their background, please speak with the Program Coordinator or the Department Chair.

-I hereby certify that the information contained in this application is true and complete to the best of my knowledge. I understand that any misrepresentation or falsification of information is caused for denial of admission or expulsion from the college. I understand that the information contained in this application will be read by the faculty and staff of the South Plains College Surgical Technology Program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

To submit application electronically, please download this form.