



Application For Admission

Personal Information

Name (Last, First)

Date:

Social Security:

Address	City	State	Zip
Phone number	Email address	Student ID	

Have you previously applied to, or been enrolled in a healthcare program? YES or NO If yes, when and where?
 Did you finish the program? YES or NO If not, please explain:

Have you ever been convicted of a felony? If yes, please explain.

If you did not complete the program, a letter from the program in which you did not complete, stating that you are in good standing with the program, must be submitted with your application

Education

School name	Location	Years attended	Degree received	Major

Signature Disclaimer

- ALL items (1-5) must be completed before the Surgical Technology Application can be submitted. Applicants needing to take additional TSI remedial courses in Summer I can apply the Second week of June with verification of course enrollment.t

- 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 Director 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: