



SURGICAL TECHNOLOGY PROGRAM APPLICATION

Please Print Clearly

Name: _____
(Last) (First) (M.I.)

SCLTC Student ID: _____

Address: _____
(Street) (Apt. #)

(City) (State) (Zip)

E-Mail: _____

Phone: _____
(Cell) (Home)

Date of Birth: _____

Have you attended any Surgical Technology Program previously? _____

If yes, name of program: _____

Reason for withdrawal: _____

Are you eligible for re-admittance into that program? _____

Have you ever been convicted of a crime and/or released from confinement following a conviction for any criminal offense? Arrests or charges that have been expunged need not be disclosed. _____

Please read and sign below:

By signing below, I certify that the information given above is accurate and true to the best of my knowledge. I understand that falsification of this information and any attached documentation may result in denial of my application, admittance to the program, and/or future clinical courses.

I also certify that I have read and fully understand the entire content of this application, the program's current admissions guide, and the requirements of the program admission policy.

South Central Louisiana Technical College does not discriminate on the basis of race, color, national origin, gender, age, religion, qualified disability, marital status, veteran's status, or sexual orientation in its hiring or employment practices or in admission to its programs, services, or activities, in access to them, in treatment of individuals, or in any aspect of its operations.

Applicant Signature

Date