



**APPLICATION
SURGICAL TECHNOLOGY PROGRAM**

Ashland Community & Technical College
1400 College Drive
Ashland, KY 41101

I, _____
Name (Print) Student ID#

Current Mailing Address City/State/ZIP

Phone Number Cell Phone Number

Wish to apply to the Surgical Technology Program at Ashland Community & Technical College beginning January of each year.

I know I must have the following information on file by October 1 of each year to be considered for the January class of the Surgical Technology Program.

_____ ACTC Application

_____ High School transcript with **GPA or GED scores**

_____ ACT/KYOTE/TABE scores

_____ Transcripts of any post-secondary education:

_____ Name of School

_____ Name of School

Student's Signature Date

****APPLICATION MATERIALS RECEIVED AFTER OCTOBER 1 OF EACH YEAR WILL NOT BE CONSIDERED. A NEW APPLICATION MUST BE FILED EACH YEAR. PLEASE RETURN TO THE ADMISSIONS OFFICE ON SECOND FLOOR ON COLLEGE DRIVE CAMPUS. APPLICATION TO THE PROGRAM DOES NOT GUARANTEED ADMISSION.**