



Surgical Technology Program Application

I, _____
Name (Print) Student ID#

Current Mailing Address City / State / ZIP

Home 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

All transcripts: High School and Post-Secondary

_____ Name of School

_____ Name of School

_____ Name of School

_____ Name of School

ACT / SAT / GED scores

Student's Signature Today's 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 the Second Floor on the College Drive Campus. Application to the program does not guarantee admission.**



LAST NAME _____ FIRST NAME _____ MI _____

STUDENT ID _____

SURGICAL TECHNOLOGY SELECTIVE ADMISSION POINTS

Check the box if you have a GPA 2.0 or higher:

Check the box(es) if you have a "C" or higher in the following courses:

- ENG 101 Digital Literacy BIO 135 ***OR*** BIO 137 ***AND*** BIO 139
AHS 101 or CLA 131 BIO 118 or BIO 225

ACT Composite Score	*SAT Score *(Verbal/Math Combined)	Points Possible
27-36	1280-1600	25
25-26	1200-1279	20
23-24	1121-1199	15
20-22	1020-1120	10

GED total scores	Point Value Assigned
700-800	15
660-699	10

TOTAL EXAM POINTS RECEIVED _____

Courses	Grade	Points
Anatomy & Physiology I with lab BIO 135 *OR* BIO 137	A	5
	B	3
	C	1
Medical Microbiology BIO 118 *OR* BIO 225 *OR* BIO 226 *OR* BIO 227	A	5
	B	3
	C	1
Medical Terminology AHS 115 *OR* CLA 131	A	5
	B	3
	C	1
ENG 101	A	5
	B	3
	C	1
Digital Literacy	A	5
	B	3
	C	1

TOTAL SPECIFIC COURSE GRADE(S) POINTS RECEIVED _____

TOTAL APPLICATION POINTS _____

NOTES: