

ADMISSION APPLICATION FOR SURGICAL TECHNOLOGY PROGRAM

GATEWAY COMMUNITY COLLEGE
108 N 40th St / Phoenix, AZ 85034-1704 / 602.286.8000

Please print clearly

I PLAN TO BEGIN THE PROGRAM IN:		
LEGAL NAME (LAST)	(FIRST)	(MIDDLE)
ADDRESS (STREET)		

(CITY)	(STATE)	(ZIP)
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FORMER NAME(S) which may appear on transcript		
HOME PHONE NUMBER		CELL PHONE NUMBER
E-MAIL ADDRESS		
STUDENT ID NUMBER		
PERSON TO NOTIFY IN CASE OF EMERGENCY		PHONE

ADDRESS

Information Release – FERPA:
 Do you give permission for the college to release directory information relative to your enrollment (as per the Family Education Rights and Privacy Act of 1974)? Yes No

Are you a United States Veteran? Yes No

- Attach a copy of DD214

Do you hold a CRCST certificate? Yes No

- Attach a copy of your CRCST
- Attach a copy of employment verification as a CRCST

Admission Application Checklist attached and signed off by advisor and student? Yes No

PLEASE RETURN YOUR APPLICATION TO:
 GATEWAY COMMUNITY COLLEGE / 108 N 40th ST / PHOENIX, AZ 85034-1704

PREVIOUS COLLEGES OR TECHNICAL SCHOOLS ATTENDED:

NAME OF INSTITUTION			
CITY AND STATE			
DATE OF ENTRANCE		DATE OF LEAVING	
DIPLOMA OR DEGREE RECEIVED		COLLEGE MAJOR	
NAME OF INSTITUTION			
CITY AND STATE			
DATE OF ENTRANCE		DATE OF LEAVING	
DIPLOMA OR DEGREE RECEIVED		COLLEGE MAJOR	
NAME OF INSTITUTION			
CITY AND STATE			
DATE OF ENTRANCE		DATE OF LEAVING	
DIPLOMA OR DEGREE RECEIVED		COLLEGE MAJOR	

Attach separate sheet if additional space is needed

MILITARY:		
Are you a member of the US Armed Forces, a former member of the US Armed Forces, or a dependent of a member of the US Armed Forces? If yes, select all that apply:		
I am a current member of the US Armed Forces	Yes	No
I am a dependent of a member of the US Armed Forces	Yes	No
I am a former member of the US Armed Forces	Yes	No

<u>CERTIFICATION:</u>		
I certify that the above answers are true, correct, and complete. I understand that any falsification or intentional misrepresentation of information on this application may be cause for dismissal from the Surgical Technology Program and from the college. I understand that it is the responsibility of the student to maintain accurate contact information with the Admissions and Records Department. Failure to provide this information may preclude the student from being admitted into the Surgical Technology Program.		
SIGNATURE		DATE

SGT ADMISSION APPLICATION CHECKLIST - ADVISOR REVIEW

Last Name

First Name

Student ID

Date

The following prerequisites must be completed prior to submitting your application. In order for a course to satisfy the required courses, students have a 2.0 GPA in required courses. Applications without this Advisor Review form completed and signed by a GateWay Community College Healthcare Advisor will not be accepted.

Course	Course Title	Credits Required	College	Semester Completed or Enrolled	Grade
+ BIO201 + BIO202	Human Anatomy and Physiology I (4) AND Human Anatomy and Physiology II (4)	8			
Students selecting BIO201 and BIO202 or BIO 205 must complete the prerequisite courses BIO156 or BIO181; or 1 year high school biology with a "C" or better.					
ENG 101 ENG 107 ENG 102 ENG 108	First Year Composition (3) OR First Year Composition for ESL (3) AND First Year Composition (3) OR First Year Composition for ESL (3)	6			
+ BIO205	Microbiology (4)	4			
+ MAT 150 + MAT 151 + MAT 152 + MAT 155 MAT 156	College Algebra/Functions (5) OR College Algebra/Functions (4) OR College Algebra/Functions (3) OR College Algebra/Functions with Review (5) OR College Algebra/Functions with Review (6)	3-6			
+ FYE 101 FYE 103	Introduction to College, Career and Personal Success (1) OR Exploration of College, Career and Personal Success (3)	1-3			
+ PHY101	Introduction to Physics	4			

Student Signature

Student Name (printed)

Date

Advisor Signature

Advisor Name (printed)

Date