

Applications may be dropped off or mailed to:

Ivy Tech Community College/Southwest
Surgical Technology Program
3501 N. First Avenue
Evansville, IN 47710
812 429 1490

Applications may be emailed to: jhinkle@ivytech.edu

**SURGICAL TECHNOLOGY APPLICATION
APPLICATIONS MUST BE TURNED IN BY MAY 19**

Last Name: _____ First Name: _____

Middle Name: _____ Maiden Name: _____

Banner ID Number C0 _____ Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

List All Colleges which Transcripts are Submitted:

First Year courses Needed: _____

Have you ever been enrolled in the clinical phase of an Ivy Tech Surgical Tech Program? Y__ N__

If so, What region? _____

Have you ever had disciplinary action taken against you while in that program? Y__ N__

GPA: _____

INCLUDE WITH THIS APPLICATION:

PSB: DATE TAKEN _____

- Copy of PSB Test Scores Attached
- Copy of Information Sheet
- Copy of Unofficial Grades

Admission Entrance Date Desired: (August 201?) _____

Applicant Signature _____ **Date:** _____

For Office Use Only!

Date Received: _____

Applicant Response: Accept: _____ Decline _____ Year _____