## **AS Surgical Technology Application**

| Requirement  | Office Use Only |
|--|-----------------|
| Please note that a student is unable to begin the technical courses until they are 18 years of age or older and a high school graduate or equivalency. |                 |
| <b>2.5</b> GPA Minimum (Initials)  |                 |
| HS GPA within the last 5 years can be used with no prior college credit.   |                 |
| "B" or better in BIO101 or High School Biology (must be within 5 years) or   |                 |
| "C" or better in BIO121, BIO122 or BIO123  |                 |
|  |                 |
| "B" or better in MTH022 or MTH023 or equivalent placement score, or "C" or   |                 |
| better in college level math course  |                 |
| BCI and FBI Background Checks  |                 |

## **APPLICATION PROCESS**

- 1. Follow the procedures for applying to Stark State College (SSC).
- 2. Refer to the program website for additional information.
- 3. Contact SSC security at: <a href="https://www.starkstate.edu/about/security/background-check-information/">https://www.starkstate.edu/about/security/background-check-information/</a> to schedule your own BCI and FBI background checks . You will receive an email of verification of eligibility through your Stark State email. Please obtain printed copies of your BCI and FBI background results from the Security office to bring with you to your appointment with your program representative for admission to the program. Please direct all background questions to the security office.
- 4. After application requirements are completed, contact the Program Coordinator to schedule an appointment for your application to be reviewed.

Contact Person: Heather Gasaway

hgasaway@starkstate.edu 330-966-5458 ext. 4349

Please check the College website to ensure you are using the most current Checklist Application when applying to the program.

| Student Name Printed:         |        |        |      |  |
|-------------------------------|--------|--------|------|--|
| Address:                      | City:  | State: | Zip: |  |
| Stark State E-Mail:           | Phone: |        |      |  |
| Student Signature:            |        | Date:  |      |  |
| FINAL ACCEPTANCE              |        |        |      |  |
| Program Coordinator Signature | Cohort | Date   |      |  |
| Assigned Advisor              | Emaile |        |      |  |