

SURGICAL TECHNOLOGY PROGRAM APPLICATION

Please complete the following form and return to the address listed on bottom of page.
Please Print Clearly and Legible.

Date: _____ Social Security #: _____

Name: _____
Last First Middle Maiden

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ (day) _____ (other)

E-Mail: _____ Alt. e-mail: _____
(E-mail will be how we correspond with you) (Please print clearly and legible)

Have you ever attended PRCC? _____ Yes _____ No

Have you attended any other colleges/universities? _____ Yes _____ No

If yes, please list name of other schools attended: _____

Have you ever been convicted of a misdemeanor or a felon? _____ Yes _____ No

If you answered yes to the question above, please list the conviction(s) below.

Date	Conviction
_____	_____
_____	_____

Required Identifying Documents:

- ✓ A 2 inch by 2 inch color passport quality photo (white background only)
- ✓ A copy of driver's license or state ID

RETURN APPLIATION TO:

*Pearl River Community College
Surgical Technology Department
Allied Health Building- Room 244
Hattiesburg, MS 39401*

TAPE PHOTO
HERE

Applicant: Please note that SUT application must be delivered complete with transcripts and act scores to the SUT Program Department by Oct. 1, 2011.

Pearl River Community College offers equal education and employment opportunities. We do not discriminate on the basis of race, religion, color, sex, age, national origin, veteran status, or disability. Any person needing to request accommodations, special assistance, or alternate format publication for this event, please contact the ADA Coordinators office at 601-554-5503 OR 601-403-1060.