

***Pearl River Community College  
PRCC Student present or past  
Internal Transfer of Student Information***

**Note:** Please submit this form if you are currently, OR have previously been a student at either the Forrest County Campus or the Poplarville campus. This is to obtain your transcripts and other pertinent information for the **Surgical Technology Program**.

***This form is to be submitted prior to the deadline for the application.***

It is your responsibility to have all current transcripts in the PRCC Office of Admissions before submitting this form to ensure transcripts are available to the SUT Program two weeks prior to the deadline for this application.

*If this information is not in your file by the deadline, your file may be considered incomplete.*

Use the box located below to indicate which forms you need the SUT office to obtain from the Office of Admissions for you.

**Name: (print)** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Social Security Number or PRCC ID #:** \_\_\_\_\_

Please check the appropriate box

	Transcript(s) from High School
	Transcript(s) from College(s)