

Application for Admission: PRCC Surgical Technology (SUT) Program DEADLINE Oct. 1st

Name: _____
Last First Middle Current date

Date of Birth _____ Social Security #: _____ PRCC ID# _____

Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Phone: _____ (day) _____ (Emergency contact)

ACT Score* _____ Composite Date Taken _____ (Sub scores) E _____ M _____ R _____ S _____

*Applicant is responsible for verifying that PRCC has ACT score on file

E-Mail: _____

***Most correspondence from the SUT Program will be via email, thus an active email address is required
Make sure email address is printed and legible***

High School Attended: _____ Graduation/GED Date: _____

Have you attended PRCC in the past? _____ Yes _____ No (if yes) _____ Year attended

Have you attended any other colleges/universities? _____ Yes _____ No If yes, List all colleges attended below:

1. _____ 3. _____

2. _____ 4. _____

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

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

Date: _____ Conviction: _____

I agree that the above information is true to the best of my knowledge and that deliberate falsification of information may result in denial of admission to the Surgical Technology Program.

Student Signature: _____ Date _____

* Confidential information is requested on a voluntary basis. Refusal to provide this information will not subject the applicant to any adverse treatment, and the information will be used in a manner consistent with applicable Civil Rights Laws.

**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. For inquiries regarding the non-discrimination policies or to request accommodations, special assistance, or alternate format publication please contact Tonia Moody, ADA/Civil Rights Coordinator, at P.O. Box 5118 Poplarville, MS 39470 or (601) 403-1060

Authorization for medical procedures: In the event of serious illness or accident, every effort will be made to contact parents or guardian if student is under 21. In the event that delay in medical, surgical, or psychological treatment might be detrimental to the health of the student, authorization for consultation and treatment is required. Permission is granted to Pearl River Community College to refer this student for necessary treatment.

Signature of student (If over 21) _____ Date: _____

Signature of parent/Guardian _____ Date: _____