



Surgical Technology

2nd Year Application for Admission

Fall 2012

Return completed form to:
 Admissions Office
 Rochester Community and Technical College
 851 30th Avenue, SE
 Rochester, MN 55904

*Please fill out this form completely online,
 print it off and send it to the Admissions Office
 at the address shown.*

Don't forget to sign the second page.

Name:	Student ID #:
Address:	Phone:
City, State, Zip:	Cell Phone:
Campus Email:	

Note: You must inform Eric Sime, Allied Health Advisor, if there is a change in any of the information above, so that we may contact you if additional information is required.

- Current RCTC Student
- Current Riverland Student
- I have transfer credits from ___

1st Year Courses

Course #	Course Title	Semester Completed	Grade	Currently Enrolled	RCTC Use Only
BIOL 1217	Anatomy & Physiology I				
BIOL 1218	Anatomy & Physiology II				
CHEM 1101	Elements of Chemistry				
NA 1609 or NA 1610 or NA1500 and NA 1602	Nursing Ass't for ST Nursing Ass't Theory & Clinical Hospital Nursing Assistant				
BTEC 1600	Intro to Medical Terminology				
ENGL 1117	Reading & Writing Critically I				
PSYC 1611	Psychology of Adjustment				
BTEC 2870	Employment Strategies				

_____ Year/Semester Surgical Technology Major Declared

This application is valid for the school year in which admission is requested. Applications are accepted **January 1 through February 15, 2012** prior to fall semester of admission. Please don't submit application until Fall Semester grades are posted. **Applicants with less than 2.0 GPA will not be considered. Applicants need a minimum grade of "C" in every course.**

If you are new to RCTC, you must have applied, paid the application fee, and been accepted with a current active application for the term you plan to take these classes.

If you are returning to RCTC, you must have a current active application status showing that you have attended RCTC within the last year at the time of this allied health application.



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Before signing below, read and/or complete each of the following:

1. I have read and understand the criteria for the second year selection process.
2. I have attached a copy of my DARS Report.
3. I have on record or requested that all current official transcripts from ALL previously attended colleges be sent to RCTC Admissions and Records Office.
4. All correspondence will be sent to the above email address. Please email address updates to: eric.sime@roch.edu
5. An email address is required for verification of receipt of application. Please contact Eric Sime (507) 280-5006 if no email verification of application submission is sent within 2 weeks.
6. Notification of your admission status will be sent to your campus email account by April 15.
7. Incomplete applications will not be considered for acceptance.
8. Students not selected for admission into the Surgical Technology Program must initiate the admission process the following year before being reconsidered.
9. Students not currently enrolled at RCTC must have a completed RCTC application on file in Admissions and have sent official transcripts from other colleges.

Signature _____

Date Signed _____