



Surgical Technology

2nd Year Application for Admission

Fall, _____
(please enter year)

Return completed form to:

Eric Sime
Health Careers Advisor
851 30th Avenue SE
Rochester, MN 55904

DATE: _____

NAME: _____

STUDENT ID #: _____

ADDRESS: _____

PHONE: () _____ - _____

CITY: _____

STATE: _____ ZIP: _____

E-MAIL: _____

STUDENT STATUS:

- Current RCTC Student
- Current Riverland Student
- I have transfer credits from _____
- Students not currently enrolled at RCTC must have completed RCTC application on file in Admissions.

This application is valid for the school year in which admission is requested. Applications are accepted **January 1 through February 15, 2009** 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.*

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 and unofficial transcripts of other colleges I attended.
3. I have on record or requested that all current official transcripts from ALL previously attended colleges be sent to RCTC Admissions & Records office.
4. All correspondence will be sent to above address. Please e-mail address updates to: Eric.sime@roch.edu.
5. An e-mail address is required for verification of receipt of application. Please contact Eric Sime (507-280-5006) if no e-mail verification of application submission is sent within 2 weeks.
6. All applicants will be notified of admission status prior to April 15th.
7. Incomplete applications will not be accepted.

Signature: _____