

Surgical Technology Program Interest Sheet
Ivy Tech Community College -Terre Haute

Name: _____

Student ID Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

E-mail (*one that you check regularly*): _____

- YES, I am interested in the Surgical Technology Program and I am planning to apply for a position in the program classes that will begin in the **Fall of 2012**.
- YES, I am interested in the Surgical Technology program and would like to continue receiving information and I am planning to apply for a position in the program classes that will begin in the **Fall of 2013**.
- YES, I am interested in the Surgical Technology program and would like to continue receiving information but am **not sure** when I want to apply for the clinical phase.

Signature: _____

Please return by April 15, 2012:
Ivy Tech Community College
Debbie Wilson
Surgical Technology Program Chair
8000 S Education Dr
Terre Haute, IN 47802