

Please return this application by May 1st, to:

Ivy Tech Community College of Indiana
School of Health Sciences
Surgical Technology Program
Room 680; North Instructional Center
4301 S. Cowan Road
Muncie, IN 47302

SURGICAL TECHNOLOGY PROGRAM

IVY TECH COMMUNITY COLLEGE – East Central Region

Last Name: _____ First Name: _____ M.I.: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Student ID Number: C0 Email: _____ @ivytech.edu

Have you ever attended Ivy Tech? Yes _____ No _____ If yes, where? _____

Are you a current student at Ivy Tech? No If yes, which program? _____

List ALL Colleges and which Transcripts are submitted:

_____	_____
_____	_____
_____	_____
_____	_____

First Year Courses still needed: _____

GPA: _____

Copy of PSB Test Scores Attached

PSB Date Take: ____ / ____ / ____

Admission Entrance Date: _____ (August 201?)

Applicant Signature: _____ Date: _____

FOR OFFICE USE ONLY!!!

DATE RECEIVED: _____

APPLICANT RESPONSE: Accept _____ Decline _____ Year _____