SURGICAL TECHNOLOGY PROGRAM

IVY TECH COMMUNITY COLLEGE – MUNCIE CAMPUS

Students cannot be accepted into a Surgical Technology Program if they have been dismissed from any other Ivy Tech Community College Surgical Technology Program.

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 which you have attended: 
________________________________________
________________________________________
________________________________________

First year courses still needed: ___________________________
________________________________________
________________________________________
________________________________________

In order for your application to be accepted you must attach a valid copy of your PSB-HOAE results along with an unofficial Ivy Tech transcript!!!

☐ Copy of PSB Test Scores Attached

PSB Date Taken: _____ / _____ / ______

Admission Entrance Date: (August 201__) __________________________

Applicant Signature: ___________________________ Date: ___________________________

FOR OFFICE USE ONLY!!!

DATE RECEIVED: ___________________________

APPLICANT RESPONSE: Accept _______ Decline _______ Year _________