COLORADO MESA UNIVERSITY
Department of Health Sciences
Application for AAS Surgical Technology (ST) Program

Please Note: This application MUST be submitted via **PDF** format **(ONLY)** by the April 15th deadline.

1. Full legal name _____   _____ _____ _____
   Last   First   M.I.   Maiden Name

2. CMU ID # (assigned upon acceptance to Colorado Mesa University) 700_____ (***DO NOT*** *leave blank-contact CMU Admissions for your 700#*)

3. Mailing address:

   _____
   Street Address   Apt #

   _____
   City   State   Zip

4. Home phone number: ☐N/A (_____) _____   Cell phone number: ☐N/A (_____) _____

5. Email Address *(print clearly)*: _____ @mavs.coloradomesa.edu **(you must have a CMU email address listed)**

6. Do you have previous work experience and/or certification in a health care field (i.e. CNA, LPN, etc. Please provide copies of certifications and/or license as proof.)? ☐ Yes ☐ No If yes, explain (use extra sheet if necessary): _____

7. Have you applied to the Surgical Technology program before? ☐ Yes ☐ No If yes, most recent application:_____

8. Please list all classes you are enrolled, include the course number, course title, institution and semester of enrollment. If you are not currently enrolled in courses, please state "Not enrolled in courses":

Course Number (i.e. BIOL 241)	Course Title (i.e. Pathophysiology)	Institution (i.e. Colorado Mesa University)	Semester (i.e. Fall 2012)

9. Please indicate if you have a prior degree: ☐ A.A. ☐ A.S. ☐ A.A.S. ☐ B.A. ☐ B.S. ☐ Other:_____

The admissions committee reserves the right to select the applicants who shall be admitted. Acceptance is contingent upon receipt of all required application materials by the Department of Health Sciences and the completion of all general education and prerequisite requirements. Maintaining acceptance in the ST program is contingent upon passing a CBI background check.

This application and all supporting materials must be received by the Department of Health Sciences no later than the April 15 deadline for admission consideration to the ST Program.

I certify that all the information on this application form is accurate and complete. Concealment of facts or false statements may result in dismissal from the program. Further, I am granting permission for the Department of Health Sciences to access my Colorado Mesa University records; including, but not limited to transcripts and transcript evaluations from the Office of the Registrar.

Signature:_____   Date:_____

(electronic submission via CMU email address indicates personal signature)

Revised 2/15/2024