

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 priority deadline, June 1st.

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 June 1 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: _____