



Surgical Assisting Advanced Technical Certificate Program Application

Date of Application Name (Last) (First) (MI)

Student ID (CWID) Expected Date of Entry: May, year)

Student Information

Cell Phone Personal Email School Email

Address

City State. ZIP Code

Emergency Contact Name Address

Relationship to Student Phone

Colleges/Universities Attended Degrees Awarded

Certifications Earned Military Training

Additional Information Other Accolades





Surgical Assisting Advanced Technical Certificate Program Application

By signing below, I agree to the following conditions:

The information given in this application is factual. I understand that knowingly submitting false information is subject to a penalty of removal from consideration for the program, or removal from the program. I will also provide the Surgical Assisting Program original copies of my transcripts. I have read, and agree to the terms in the Information Packet.

Signature

Date

Return the completed application by mail or hand delivered between the hours of 8 a.m. and 5 p.m., Monday through Friday.

The Health Sciences Division Office
McKinney Campus,
2200 W. University Drive, H201
McKinney, Texas 75071

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Donna R. Smith, Program Director

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