



Surgical Technology Program Application

Date of Application	Name (Last)	(First)	(MI)
Student ID (CWID)	Expected Date of Entry: May, Year)		
Cell Phone	Personal Email	School Email	
Address			
City	State	ZIP Code	
Social Security Number		Date of Birth	
Emergency Contact Name		Phone	
Relationship to Student		Address	
Colleges Attended		Hours/Degrees Earned	
Have you applied to any other program at Collin College in the past 5 years?		If so, which one(s)?	



Donna R. Smith, Program Director
2200 W. University Dr,
Health Science Building, H206
McKinney, Texas 75071

972-548-6854

drsmith@collin.edu



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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 have read, and agree to the terms in the Information Packet.

Signature

Date

Return the completed application, along with other required application documents, to the drop box in H225A or to the Program administrative assistant, Monday-Friday, 8 am - 5 pm in H201, Health Sciences Division Office, McKinney Campus, 2200 W. University Drive, McKinney, Texas 75071

Collin College does not discriminate on the basis of race, color, religion, age, sex, national origin, disability or veteran status.



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