

## APPLICATION FOR VOCATIONAL TECHNICAL AWARD

Student's Name (Must match student record)							Today's Date					
Student Identification Number		Email Address		When do you plan to complete your program? (Circle) Fall Winter Spring Summer 20__								
Street Address				City, State & Zip Code			Phone Number					
<b>COURSE TITLE</b>				<b>SECTION I</b>		<b>SECTION II</b>			<b>SECTION III</b>			
<b>Associate of Applied Science-Transfer in Surgical Technology</b>				This Qtr	Past Qtr	Next Qtr	Transfer	Challenge	Work Exp.	Do Not Write In This Section		
<b>Related Instruction (30 credits)</b>										#	INSTRUCTIONS	
AHE 168	Medical Terminology									5	1. Place a √ in one of the columns in Section I.	
BIOL 128	Survey of Anatomy & Physiology									5		
ENGL& 101	English Composition I									5		
PSYC& 100	General Psychology - OR -									5		
PSYC& 200	Lifespan Psychology									5		
HUM 105	Intercultural Communications									5		
MATH& 146	Introduction to Statistics									5		
<b>Technical Specialty Courses (65 credits)</b>											2. Section II is for the student who is getting credit for a course <u>NOT</u> taken at SCC. Check the appropriate box if this section applies to you.	
AHE 140	Central Supply/Instrument Technician									10		
AHE 152	Health Care Provider CPR									1		
SURG 111	Surgical Lab									6		
SURG 113	Surgical Theory I									10		
SURG 115	Clinical Orientation									2		
SURG 121	Surgical Specialty/Prof Prep									6		
SURG 123	Surgical Theory II									8		
SURG 125	Clinical Practice I									4		
SURG 133	Surgical Theory III									8		
SURG 135	Clinical Practice II									10		
												3. Return this form to the Registration Office in Room BE1104.
<b>TOTALS</b>										95	G.P.A.	

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Evaluator

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(Date)

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Dean

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(Date)