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 Image: Image							plete your program? (Circle) Summer 20					
Street Address	City, State & Zip Co											
COURSE TITLE			ECTIC	N I	SE	N II		SECTION III				
Certificate		This Qtr. Past Qtr.		Qtr.	sfer	Challenge	dx:	Do N	ot Wr	ot Write In This Section		
in			Past Qtr.	Next	Transfer	alle	Work Exp.					
Surgical Technology				Z	L	Ч	Wo					
	Related Instruction (20 credits)								#		INSTRUCTIONS	
AHE 168	Medical Terminology								5			
BIOL 128	Survey of Anatomy & Physiology								5		1. Place a \sqrt{in} one	
ENGL& 101	English Composition I								5		of the columns	
PSYC& 100	General Psychology – OR -								5		in Section I.	
PSYC& 200	Lifespan Psychology								5			
AHE 140	Technical Specialty Courses (65 credits)	_							10		2. Section II is for	
AHE 140 AHE 152	Central Supply/Instrument Technician Health Care Provider CPR								10 1		the student who is getting	
SURG 111	Surgical Lab	_							6		credit for a	
SURG 113	Surgical Theory I								10		course <u>NOT</u>	
SURG 115	Clinical Orientation								2		t <u>aken</u> at SCC.	
SURG 121	Surgical Specialty/Prof Prep								6		Check the	
SURG 123	Surgical Theory II								8		appropriate	
SURG 125	Clinical Practice I								4		box if this	
SURG 133	Surgical Theory III								8		section applies	
SURG 135	Clinical Practice II								10		to you.	
											3. Return this	
											form to the	
		_									Registration	
											Office in Room	
		_									BE1104.	
											NOTES:	
											INOTES.	
		_			 			$ \square $				
		_										
									85		G.P.A.	
TOTALS									00		U.L.M.	