

**Springfield Technical Community College  
Surgical Technology Program  
Admission Checklist 2024**

\*\*\*This **PRINTABLE form** must be **MAILED or EMAILED** to the Admissions Office\*\*\*  
(Electronic version which can be completed and submitted online is available on program website)

**Instructions-Please read carefully.**

- Complete all items on both sides. If not applicable, enter N/A in the appropriate box, do not leave anything blank. All **requirements** must be completed, or in progress in order to apply.
- This is a checklist, please refer to the program website for **detailed** information. You must also complete the **STCC COLLEGE APPLICATION**.
- After you have completed each section, sign and **MAIL or EMAIL this form** to the Admissions Office. Review will begin after **March 31**, applications will be accepted until the program is full.

Admissions Office  
Springfield Technical Community College  
One Armory Square-PO Box 9000  
Springfield, MA 01102-9000  
Admissions@stcc.edu

For additional information regarding applying to the college, please visit [www.stcc.edu/apply](http://www.stcc.edu/apply)

Name (print legibly)\_\_\_\_\_

If you are a current or former STCC student, please list ID#\_\_\_\_\_

Address\_\_\_\_\_

City/State\_\_\_\_\_ Zip code\_\_\_\_\_ Country\_\_\_\_\_

Telephone number\_\_\_\_\_ Email\_\_\_\_\_

If there are any extenuating or unusual circumstances related to your application, please note below

\_\_\_\_\_  
\_\_\_\_\_

My signature below indicates that ALL admission requirements for the Surgical Technology program have been completed or are in progress as indicated on the reverse page. The information I have provided is accurate, I understand it will be verified by the admission office.

Student applicant signature\_\_\_\_\_ Date\_\_\_\_\_

**Surgical Technology  
Admission Checklist 2024**

Admission Requirement	Check appropriate response
1. Complete STCC College Application, with a request for Surgical Technology	_____Application for Admission submitted online
2. Official High School Transcript, HiSet or GED	_____Official document provided
3. <b>Math</b> -HS Algebra 2 with C or better within 5 years or completion of MAT-097 or MAT-063 or college level (100 or higher) math with a C or better within 5 years, or placement exam score as published on program webpage.	Course name/number: Where/when taken: Grade:
4. <b>Biology</b> -HS Biology course with C or better within 5 years OR College level Biology with C or better Both within 5 years*	Course name/number: Where/when taken: Grade:
5. <b>English</b> -4 years of HS English with a C or better or completion of ENG-095 or (DWT-099) or College level English with C or better or Placement exam score of ENG101 or higher	Course name/number: Where/when taken: Grade:
6. <b>Medical Terminology</b> -completion of MED 100 or a college level 3 credit course with a grade of C or higher, within 5 years) OR Passing score on the STCC MED-100 challenge exam	Course name/number: Where/when taken: Grade:

\*Course work with designated time frames must be current within the start of the program.

**Additional Information-Applicants who complete the following will strengthen their application.**

Course	Grade	Semester/Year taken  Completed or In Progress	Taken At STCC (yes or no)	Where was this completed if not STCC? (list college)	Has appropriate document been submitted? (yes/no)
College ENG 1					
College ENG 102 or 104					
A & P 1 with lab*					
A & P 2 with lab*					
Microbiology*					

\* Course work must have been completed within 5 years from the start of the program.

Do you have work experience in the healthcare industry? Y / N (submit documents as required)

Do you have work experience in a surgical/operating room setting? Y/N (submit documents as required)

\*If you answered yes to the above questions, please submit the Healthcare Experience Verification Form found on the program website found under Applying to this Program section.