



**COLLEGE of
CENTRAL
FLORIDA**
—an equal opportunity college—

**SURGICAL TECHNOLOGY PROGRAM
APPLICATION
PROGRAM CODE 7224**

Date Submitted: _____

Legal Name: _____
Last First Middle (complete) Jr., etc.

CF ID No.: _____ DOB: _____

Address: _____
Street/P.O. Box City
County State Zip Code

Telephone: (home) _____ Cell: _____

Telephone: (work) _____ Email: _____

Did you graduate from high school? Yes No Do you have a GED? Yes No

Name of high school or GED? _____

Date of information session: _____

TABE Test Date: _____ TABE Test Scores: _____
Reading Math Language

(OR Check one of the following for TABE exemption. **Proof of exemption must be on student transcript.**

AA degree or higher Completed College English **and** Math with grade of C or higher

LIST ALL COLLEGES ATTENDED, REGARDLESS OF CREDITS EARNED, INCLUDING COLLEGE OF CENTRAL FLORIDA.

College	Dates Attended	Degree

I CERTIFY THAT ALL THE INFORMATION STATED ON THIS APPLICATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

Applicant's Signature: _____