



Prospective Surgical Technologist Student Application

Thank you for your interest in the Surgical Technologist Program at Renton Technical College. Please fill out the following form to help us understand your eligibility and interest in the program.

Full name: _____

Date of Birth: _____

Email Address: _____

Phone Number: Cell _____ **Home Phone (if applicable)** _____

- Have you applied to Renton Technical College? (Yes/No?) If yes, provide your student ID number _____ Issued Student Email _____
- Are you at least 18 years old? (Yes/No?)
- If you are a Running Start student, will you be 18 years of age by the third quarter (April 2025) of the program to meet clinical placement eligibility requirements? (Yes/No?)
- Do you have a high school diploma or equivalent? Yes/No?)
- Have you successfully completed the following Prerequisite BIOL&105 (Yes/No?) If yes, provide the following details: Date of Completion _____ College Attended _____ Grade Earned _____
- If BIOL&105 is not completed, are you currently enrolled in the course? (Yes/No?) If yes, provide the following details: Date of enrollment _____ Date of estimated completion _____
- Have you successfully completed any other applicable college level courses that can be transferred or applied to the AAS program? (Yes/No?) If yes, have you ordered official transcripts from these institution(s)? (Yes/No?) If yes, please provide details below.

College Name _____ Course(s) that apply _____

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- Which application cycle are you applying to? (Fall 202/Spring 2025)
- Are you aware of the application cycle submission deadline? (Yes/No?)



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- Have you attended an information session for the current application cycle for the Surgical Technologist Program? (Yes/No?) If yes, Date attended _____
- Are you a veteran or currently serving in the military? (Yes/No?)

Please sign and date this document to attest to the accuracy of the provided information.

Signature: _____ Date: _____