

**Springfield Technical Community College
Surgical Technology Program
Program Coursework Requirement Form 2025**

This **PRINTABLE form** must be **MAILED or EMAILED** to the Admissions Office

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

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_____

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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. Math -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. Biology -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. English -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. Medical Terminology -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.