



Surgical Technology Associates Degree Program

3 semesters

LAWRENCEVILLE | ALPHARETTA-NORTH FULTON

Program Advisement Form

The program advisement form is required for students pursuing admission to the Surgical Technology program. Students must be currently enrolled or admitted to the Interdisciplinary Studies/Central Sterile Processing Degree.

Please complete Applicant Information below:

First Name	Middle Name	Last Name	Student ID Number:
Address	City	State	Zip code
GTC Email Address		Alternate Email Address	
Phone:			

Please select the Start Term for which you are applying:

<u>LAWRENCEVILLE CAMPUS - Please note application deadline and class</u>	
<input type="checkbox"/> Fall Application Deadline: July 1st Prerequisite Deadline: End of Summer Semester	<input type="checkbox"/> Spring Application Deadline: November 15th Prerequisite Deadline: End of Fall Semester

Please read and *initial* each of the following statements:

- _____ I have verified my admissions file is complete and I have been accepted to Gwinnett Technical College.
- _____ I understand I must be in good academic standing at the time the program starts.
- _____ I understand I must be 18 years of age at the time program starts.
- _____ I understand criminal background checks and drug screens are required based on the requirements for participation in clinical experiences.
- _____ I understand that our partner clinical sites are requiring students to complete their COVID-19 vaccine series. Each clinical site reserves the right to deny a student entry based on their own policies and procedures. If a student does not have all required immunizations and tests, the student may have limited access to clinical sites, which may delay or prevent program completion. As a result, successful completion of the program may not be possible.
- _____ I understand FYES 1000 (unless exempt) must be completed before beginning the program.
- _____ I understand I must attend the mandatory meeting to secure a seat in the program.
- _____ I understand completion of prerequisite courses and meeting other minimum requirements does not guarantee selection to the Surgical Technology program, as there are a limited number of seats available in the occupational and clinical courses. I understand that the candidate selection is based on a competitive selection process.
- _____ I understand that students applying to the Surgical Technology program will be sent a confirmation email within one week after deadline.
- _____ I understand I must have a prerequisite **GPA of 3.0 or higher** to apply to the Surgical Technology degree program. Also, if my cumulative GPA is below 2.0, I cannot apply to the Surgical Technology program. I must be in good academic standing. **No exceptions are allowed.**

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To be completed by Applicant

Required Prerequisite Course	Letter Grade Earned or IP (in progress)	Assign Grade points: A=4 B=3 C=2	Column A: Credit hours	Column B: Multiply grade points by number of credit hours	Semester Completed	College Where Completed
ENGL 1101: Composition and Rhetoric I (3)			3			
ENGL 1102: Literature and Composition (3)			3			
MATH 1111: College Algebra (3)			3			
PSYC 1101: Introductory Psychology (3)			3			
* ALHS 1090: Medical Terminology for Allied Health Sciences (2)			2			
* BIOL 2113: Anatomy and Physiology I (3)			3			
* BIOL 2113L: Anatomy and Physiology Lab I (1)			1			
* BIOL 2114: Anatomy and Physiology II (3)			3			
* BIOL 2114L: Anatomy and Physiology Lab II (1)			1			
* BIOL 2117: Introductory Microbiology (3)			3			
* BIOL 2117L: Introductory Microbiology Lab (1)			1			
One of the following: HUMN 1101, ARTS 1101, MUSC 1101, ENGL 2130, ENGL 2110 or RELG 1101 (3)			3			
FYES 1000: First Year Experience (2)		Not counted in GPA				
*Courses must be completed within 5 years of the program start.			Sum of Column A: _____	Sum of Column B: _____	Divide the sum of Column B by the sum of Column A : _____ GPA	

Please read and ***initial*** each of the following statements:

_____ I understand that all courses marked by an asterisk (*) in the list above must have been completed within the last 5 years of the Program Advisement Form deadline.

_____ I understand this Program Advisement Form, must be emailed to HealthApp@GwinnettTech.edu. If you would like to submit your Program Advisement Form in person you may do so by scheduling a QLess appointment with a Healthcare Enrollment Advisor at the Lawrenceville or Alpharetta-North Fulton campus by the Program Advisement Form deadline. **I understand that incomplete Program Advisement Forms will not be considered.**

_____ I understand I must have attended an information session within (2) years of the Surgical Technology program deadline for Fall (July 1st) or Spring (November 15th). (Starting Fall 2024)

Student Signature: _____ **Date:** _____

Enrollment Advisor Signature: _____ **Date:** _____

For staff use only

	Student is in good academic standing		All previous transcripts have been received and prerequisites are transferred in accurately in SHATERM
	Student has an active Admissions file		Student has “in-progress” classes
	Student has a 3.0 GPA or higher in most recent attempt of required prerequisites courses		# of in-progress courses
	Student’s Driver’s License and/or Permanent Resident Card has not expired		Check to see if student has taken FYES 1000 with a “C” or higher or exempt
	All BIOL and ALHS classes were taken within the last 5 years		Student attended an information session within (2) years of program deadline