

RENTON TECHNICAL 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 na	ame:		
Date o	f Birth:		
Email	Address:		
Phone	Number: Cell	Home Phone (if applicable)	
•		Technical College? (Yes/No?) If yes, provide your student I	D
•	Are you at least 18 years ol	1? (Yes/No?)	
•		tudent, will you be 18 years of age by the third quarter (Apret clinical placement eligibility requirements? (Yes/No?)	il
•	Do you have a high school	liploma or equivalent? Yes/No?)	
•		bleted the following Prerequisite BIOL&105 (Yes/No?) If ye ils: Date of Completion College Attenderned	
•		ted, are you currently enrolled in the course? (Yes/No?) If ye ails: Date of enrollment Date of estimate	
•	transferred or applied to th	pleted any other applicable college level courses that can be AAS program? (Yes/No?) If yes, have you ordered officiation(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 2024/Spring 2025)	

Are you aware of the application cycle submission deadline? (Yes/No?)



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 Coatha current application cycle for the Surgical 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 t	o attest to the accuracy of the provided
information.	
Signature:	_Date: