



Application Checklist and Directions

NOTE: Students applying to the Surgical Technology program must be KBCC registered students or have submitted official school transcripts to Registrar’s office prior application to our program.

- Students must have completed pre-requisite courses ENG 12 and BIO 11 with at least a minimum grade of C before applying to the program and have achieved a minimum overall GPA of 2.5.
- Courses transferred from other colleges to be applied toward program requirements with a minimum of C must be submitted to the school prior application.
- Students can earn additional points for admission based upon a final course grade of C or higher in BIO 12, BIO 51, ENG 24, MAT 4A0, PHI 7600, PSY 1100, SOC 3100, so it is greatly encouraged to students enroll in these courses prior applying to the program.
- Students that are not meeting the minimum requirements at the time of application and would like to be considered in the future will be required to meet with your academic counselor at [Health Sciences and Stem Academy](#) for guidance or contact the Surgical Program director for further advise.

Date:		First Application <input type="checkbox"/>	Re-Application <input type="checkbox"/>	Transfer School:	
Last Name:		First:		Middle:	
School ID #:		Email:			
Address:			City:	State:	Zip:
US Citizenship, Permanent residency or International Student w/ F-1 visa: Yes <input type="checkbox"/> No <input type="checkbox"/>		Home Phone:		SSN: Last 4 Digits	
		Mobile Phone:			
COURSE REQUIREMENTS (ENG 12 and BIO 11 are the only pre-requisites for entry into the program)					Overall GPA: _____
COURSE	GRADE	COURSE	GRADE	COURSE	GRADE
English 12 Yes <input type="checkbox"/> No <input type="checkbox"/>		Bio 11 Yes <input type="checkbox"/> No <input type="checkbox"/>		Bio 12 Yes <input type="checkbox"/> No <input type="checkbox"/>	
Math 4A0 Yes <input type="checkbox"/> No <input type="checkbox"/>		PHI 7600 Yes <input type="checkbox"/> No <input type="checkbox"/>		Bio 51 Yes <input type="checkbox"/> No <input type="checkbox"/>	
Psy 1100 Yes <input type="checkbox"/> No <input type="checkbox"/>		Soc 3100 Yes <input type="checkbox"/> No <input type="checkbox"/>		Other:	
ACADEMIC BACKGROUND					
Please check your highest level of Education: HS <input type="checkbox"/> Associates <input type="checkbox"/> Bachelors <input type="checkbox"/> Master <input type="checkbox"/> Diploma/Certificate <input type="checkbox"/>					
Name of school you received your previous education/degree?				Year obtained:	
In what subject was your previous academic degree/certificate/diploma?					
For further information you may email the Surgical Technology Program Director surgical.tech.kcc@kbcc.cuny.edu , or call to (718) 368-5289 for an appointment.					
I certify that the attached application related items are correct and accurate. I understand that the falsification of any information or documentation will result in the revocation of this application.					
Applicant Signature _____				Date _____	