

FILL IN ALL BLANKS

**Surgical Technologist
Associate Degree
Completion Packet Checklist
Fall 2009**

Student name (print): _____ ID #: C _____

The semester for which I am applying is: _____ Phone: _____

The completion deadline is _____ Today's date: _____

Check one: _____ I have not attended another school and am not transferring credits to CSN.
_____ I am transferring or have transferred credits. My completed DARS Report/Evaluation Summary is attached, along with **unofficial transcripts from all other schools I attended** (TR, ELEC or CLEP not accepted as grade).

Check one: _____ I have not attended CSN.
_____ I have attended CSN and an unofficial CSN transcript showing **all final grades** is attached.

Circle either YES or NO:

YES NO A copy of my high school diploma (or transcripts) or GED equivalent is attached.

YES NO My Science (biology, chemistry, HHP, etc.) classes are less than 7 years old.

YES NO I have completed the following classes with a "C" or better ("C-" is not accepted):

_____ BIOL 223 (year taken _____ / grade _____) _____ HIT 117B (grade _____)

_____ BIOL 224 (year taken _____ / grade _____) _____ SRGT 101B (grade _____)

_____ ENG 100 or ENG 101 (grade _____)

IF YOU ANSWERED NO TO ANY OF THE ABOVE ITEMS

CONTACT THE DEPARTMENT AT 651-5699

If you answered **YES** to all of the above items, please read and initial the following:

_____ I have read and understand the Limited-Entry Policy and Procedures.

_____ I understand that my final grades must be posted in the CSN system (SIS/DARS) by the deadline..

_____ I understand that I must notify the Limited-Entry office of any name, address, or phone change in writing.

_____ I understand that if I repeat a course the highest of the first three attempts, including W, will be used for selection purposes.

_____ I understand that it may take up to 10 weeks to complete a transcript evaluation accepting credits from another institution, including UNLV and NSC.

_____ I understand that after the deadline nothing can be changed in my file.

_____ I understand I must reproduce all documentation if I reapply in the future.

_____ I understand that the selection is based on a point system. I must provide all documentation at one time with this checklist even if submitted to another department.

I am providing appropriate forms as proof of satisfying the following item for points towards selection. Circle either YES or NO:

YES NO I have completed the following general education courses with a grade of "C" or better:

_____ Communications: COM 101 (grade _____)

_____ MATH 100B/120 or higher (except Math 122&123) (class taken _____ /grade _____)

_____ Fine Arts/Humanities/SS (class taken _____ /grade _____)

_____ Human Relations (class taken _____ /grade _____)

_____ PSC 101 (grade _____) **or** _____ HIST 101 (grade _____) **and** HIST 102 (grade _____)

or _____ HIST 101 (grade _____) **and** HIST 217 (grade _____)

YES NO Hand to eye coordination test

**RETURN THIS PACKET TO DEBBIE BRITT, LIMITED ENTRY OFFICE, ROOM K122
OFFICE HOURS: MONDAY - THURSDAY 8:00 AM - 6:00 PM; FRIDAY 8:00 AM TO NOON
PHONE: 651-5633**

Student signature