



## SURGICAL TECHNOLOGY APPLICATION

Please return application to:  
Surgical Technology Program  
Attention: Yolandra Beck  
Phone: 662.243.2613  
P.O. Box 100  
Mayhew, MS 39753  
ybeck@eastms.edu

PLEASE TYPE OR PRINT

### ASSOCIATE OF APPLIED SCIENCE (SUT)

Deadline for completed admission requirements (Application, ACT, and Transcripts):  
*July 1<sup>st</sup>*

#### Personal Information

Name: \_\_\_\_\_  
Last First Middle Maiden

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Apt. # P.O.Box City State Zip Code

Email address: \_\_\_\_\_

Telephone #s: Home \_\_\_\_\_ Cell \_\_\_\_\_

#### EMERGENCY CONTACT INFORMATION

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Contact number \_\_\_\_\_

**Academic Information\***

High School Attended: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

School Address, City, State: \_\_\_\_\_

GED Test: Yes No

List all colleges attended (including EMCC):

Name and location of institution	Dates attended	Major or area of Study	Degree Awarded

\*An official transcript from all educational institutions attended and/or GED results must be mailed to:

Admissions  
East Mississippi Community College  
P.O. Box 100  
Mayhew, Mississippi 39753

**Proof of Credentials/Licensures Information\***

Name of facility previously or currently employed as a healthcare worker	Healthcare Position/Title	Credentials/Licensure

Admissions  
East Mississippi Community College  
P.O. Box 100  
Mayhew, Mississippi 39753

- Have you ever been convicted of, pled no contest to, or are charges pending against you for a felony or misdemeanor or in any state/jurisdiction?  
YES\_\_\_ NO\_\_\_
- I state that the fore going statements in this application are true and accurate.
- I am aware that omission of transcripts from other schools attended, or any false, misleading, or incomplete statements made on this application could be grounds for non-admission to, or later dismissal from, the Surgical Technology Program.

Signed\_\_\_\_\_ Date\_\_\_\_\_

## Non-Discrimination Policy

East Mississippi Community College is committed to assuring that the college and its programs are free from discrimination and harassment based upon race, color, ethnicity, sex, pregnancy, religion, national origin, disability, age, sexual orientation, gender identity, genetic information, status as a U.S. veteran, or any other status protected by state or federal law.

The following person has been designated to handle inquiries regarding the non-discrimination policies:

Theresa Harpole  
Director of Human Resources  
P.O. Box 158 Scooba, MS 39358  
Telephone: 662.476.5274  
E-mail: [tharpole@eastms.edu](mailto:tharpole@eastms.edu)

### ***Compliance Contacts Statement***

The following offices have been designated to handle inquiries regarding the non-discrimination policies:

Office of the District Director of Human Resources, Payroll and EEOC/OCR  
1512 Kemper Street  
Scooba, Mississippi 39358  
662.476.5274

Office of the Dean of Students & District Director of Recruitment  
District Disability Services Coordinator  
8731 South Frontage Road  
Mayhew, MS 39753  
662.243.1979

Office of the Executive Vice President  
Title IX Coordinator  
8731 South Frontage Road  
Mayhew, MS 39753  
662.243.1900

## Official Transcript Request Form

Please send an official copy of my transcript to the address checked below.

If you plan to attend the Scooba Campus, Meridian Navy Base Extension, or Macon Extension use this address:

- ☐ East Mississippi Community College • Office of Admissions • P.O. Box 158 • Scooba, MS 39358  
662-476-8442

If you plan to attend the Golden Triangle Campus or Columbus Air Base Extension use this address:

- ☐ East Mississippi Community College • Office of Admissions • P.O. Box 100 • Mayhew, MS 39753  
662-243-1900

\_\_\_\_\_  
Last School/College Attended

\_\_\_\_\_  
Date of Attendance or Graduation

Name \_\_\_\_\_  
(Please use name you were enrolled under)

Student's Current Address \_\_\_\_\_  
[Number or Street] [City] [State] [Zip]

Student's Email Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please send transcript: ☐ Immediately      After grades are posted      After graduation

Note: On high school transcript, please show date of graduation, ACT/ SAT scores, and principal's signature.

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**Do Not Mail This Form Back To EMCC. Complete It And Mail To Last School Attended. Make Sure You Send The Appropriate Transcript Fee With This Request. Athletes Must Provide Transcripts from All Colleges Previously Attended.**