



Bevill State Community College
Health Science Programs
Surgical Technology Admission Application

Check with program advisors for admission requirements

_____ **Fall Semester**
Deadline May 1st

_____ **Spring Semester**
Deadline Nov. 1st

NAME: _____
List other names previously used. _____

PERMANENT MAILING ADDRESS: _____

TELEPHONE: _____ **SOCIAL SECURITY NUMBER/BEVILL STATE ID #:** _____

Are you a former Bevill student? _____ **If so, last year enrolled:** _____

Name of High School: _____

City: _____ **State:** _____

Did you receive a diploma? **Year**
☐ **Yes** _____
☐ **No** _____

If no, did you receive your GED? **Year**
☐ **Yes** _____
☐ **No** _____

I CERTIFY THAT ALL INFORMATION ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT FAILURE TO PROVIDE ACCURATE INFORMATION MAY BE JUSTIFICATION FOR DENIAL OF ADMISSION INTO THE BEVILL STATE COMMUNITY COLLEGE ALLIED HEALTH PROGRAM.

Applicant's Signature

Date

Revised: 04/04/2017

It is the policy of the Alabama State Board of Education and Bevill State Community College, a postsecondary institution under its control, that no person shall, on the grounds of race, color, disability, sex, religion, creed, national origin, or age, be excluded from participation in, be denied the benefit of, or be subjected to discrimination under any program, activity, or employment.