

ASSOCIATE IN APPLIED SCIENCE SURGICAL TECHNOLOGY WEIGHTED ADMISSION FORM 2024

Weighted	d Admission Period					
☐ March	n 15 through May 15 for F	all Enrollment				
	Technology Career Tall	(Mandatory)2 years) to be eligible to apply.	Date Completed:*			
Date:*		GTC Student ID #:*				
Name: *	(Last)	(First)	(Middle)	(Other Name Us	sed)	
Address:	*			Apt. No.		
City:*		State:*		Zip Code:*		
Home Pho	one:	Work Phone:		Cell Phone:*		
GTC Ema	nil Address:*					
Please i	initial all of the following	g criteria, when submitting the	weighted admission for	orm.		
		Sciences advisor. (Returning stu		admissions email, completed online olled in courses at GTC for three o		
	I understand that the Weighted Admission Form is supplemental to the admissions application to GTC.					
	Must have official transo	cripts from other colleges evalua transcripts to this form.	ted by GTC Transcript E	valuation Office.		
	 Courses transferred between institutions are not always equivalent by title or course numbers. Students can look up Transfer Equivalencies on the GTC website or contact Transcript Evaluation Office. Foreign transcripts must have course-by-course analysis from approved agency evaluated by GTC Transcript Evaluation Office. 					
		e 1 courses with a grade of "C" or he start of the class in the fall semeste		olled in 1 or more of the required Phase	I courses and will	
	For students with active certification/licensures/certificate (not required to apply): I have uploaded a copy of my active certification/licensure or certificate, for previous health-related education. Subject to verification.					
	I have uploaded docum	ous healthcare work experience entation, on official hospital/orga	nization letterhead statir	ng dates of employment, and work	reponsibilities,	

Weighted Admissions form and attachments will be submitted using the SUBMIT button at the end of this form. Submission serves as the time/date stamp.

Notification of acceptance/denial will be emailed approximately 4 weeks following weighted admission period deadline.

Surgical Technology 864-250-8565						
Student Name	»: *	GTC Student	ID #:*			
Count ONLY		Courses (quality points = ed with a grade of "C" or hig current year.				
Courses Taken	Credits	College/University Where Course Was Taken	Semester/Year Course Taken	Letter Grade	Quality Points	
* BIO 210 or BIO 215	4					
*BIO 211 or BIO 216	4					
*BIO 225	4					
MAT 110 or MAT 120	3					
ENG 101	3					
PSY 201 or SOC 101	3					
SPC 205 or SPC 209	3					
**Humanities Elective	3 or 4					
Total Credits				Total Quality Points (maximum of 112 poi		
Technical GPA [Total Quality Points ÷ Total Credits = Technical GPA (do not round)] MUST BE 2.50 OR HIGHER TO QUALIFY FOR ADMISSION (maximum of 7 points) Completion of all_eight (8) General Education Courses – Grade of C or Higher (1st attempt only) Technical GPA 3.00-3.49=3 points 3.50-3.99=5 points 4.00=7 points If YES insert 15 points =>						
Choose only one	Completion of all Bl attempt only)				nts =>	
if applicable	attempt only)				s =>	
	Completion of all BIO and MAT Courses (4 courses total) All B's (1st attempt only)					
GTC Honors F	Program - General Edu	cation Courses Above [2 poir	nts per course] (maximum	n of 16 points)		
			Total Sec	tion A (maximum o	of 165 points)	
BIO 215 may BIO courses **See Univer	be taken to validate may be repeated on sity Transfer list in 0	of the start of the weighted sequence. e time only to achieve a pa GTC Catalog. Courses that tisfy the Humanities requi	essing grade (withdraw appear with an asteris	vals do not count as k are approved for p	attempts). points in this section. If a	

Section B: Previous Education, Military & Work Experience (not required) [Documentation must be attached.]

Educational Experience – Must be from Regionally Accredited Institution							
	College/University	Date Earned	Point Value	Points Earned			
Previous College Degree			5				

Diploma/Certification in Healthcare					5		
*CPR not accepted. CNA & CMA must have state							
certification (must be current).							
Military Service - Documentation may include DD214, Military ID or other official military documentation. (Black out (redact) social security number if visible on documentation.)							
Military Service recognition for: Active Duty, Reserve, Honorable Discharge, or Retired Veteran							
Work Experience (choose only one) - I	Work Experience (choose only one) – Documentation must include dates of employment and job description.						
Work Experience in Healthcare – DIRECT Patient Care (6 consecutive month minimum within the last 5 years) 5							
Work Experience in Healthcare – INDIRECT Patient Care (6 consecutive month minimum within the last 5 years) 4							
		Total \$	Section C (maximu	ım of 29 p	points)		
Section C:							
COL 105 College/University		Date Earned	Poir	nt Value 4	Poi	nts Earned	
	TOTAL POINTS	OF OTIONS A	D AND Over entire	400			
	TOTAL POINTS - 3	SECTIONS A,	B AND C (maximu	m of 198	points)		
Attach Documents: File Upload 1	File Upload 2	Fil	e Upload 3	File I	Jpload 4		
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Signature Date							
Ident Simpature		D	ata.				
udent Signature		Da	ate:				