

INSTRUCTIONS FOR SUBMITTING SCREENING FORM Surgical Technology Program (21SD)

Submitting a screening form declares your intent to be considered for the Surgical Technology Program (21SD)

Screening Form Submission

Complete this Screening form and submit it to the Office of Registration Services:

Email: srg-admissions@clcillinois.edu

Fax: (847) 543-3061

Mail: Office of Registration Services

19351 West Washington Street

Grayslake, IL 60030-1198

In Person: Welcome and One Stop Center, Grayslake Campus, B114

Screening Deadlines

Forms must be received by the end of business for:

Fall Admission: the 1st Wednesday in March

Screening Form Verification

It is your responsibility to confirm that the Office of Registration Services has received your screening form and other documents. You may do so via:

Email: srg-admissions@clcillinois.edu

Phone: (847) 543-2061

In Person: Welcome and One Stop Center, Grayslake Campus, B114



Office of Registration Services 19351 West Washington Street Grayslake, IL 60030-1198

Phone: (847) 543-2061 • Fax: (847) 543-3061 Email: srg-admissions@clcillinois.edu

Request for Screening Surgical Technology Program (21SD)

The Surgical Technology program is a limited enrollment program that requires a screening procedure to select the academically best qualified from those who request consideration. Preference will be given to residents of Community College District 532 and other institutions with Joint Agreements.

This form must be completed and submitted to the Office of Registration Services by the screening deadline of the semester for which you desire admission. Screening requirements need to be completed prior to the screening deadline.

Screening Deadline:						
Fall Admission: the 1 st Wednesday in March	1					
Name:		CLC Student ID#:				
Former or Maiden Name:		Social Security #:				
Address:	City:	State: Postal:				
Phone:	Adr	Admission Term:				
Educational History						
I have submitted the following to the Regist ☐ Official High School transcripts with ☐ Official College transcripts with grace ☐ Official Foreign High School or College	graduation date OR Official GE duation date and degree award	D test scores ed				
If you have coursework from another school Evaluation Request form. The form is includ Selection Criteria	·	ngram requirements, you must submit a Transfer Cre le at <u>www.clcillinois.edu/studentforms</u> .	edit			
I have met the following minimum selection		et apply): years prior to the screening deadline				
☐ College Reading and Writing Readin☐ CLC Cumulative GPA is 2.0 or above☐ NLN PAX with minimum acceptable	•					
consideration for admission to the Associate	e Degree in Surgical Technology be at least 18 years of age by th	quest form. I believe I am/will be ready for screening Program by the deadline date for the term and years are start of the program). I understand that it is my the screening deadline.	_			

-OFFICE USE ONLY-

HS Grad _.		College Grad		Credit Eval	NLN Te	st Scores
File Com	pletion Date			Adm Rep		
Notes:						
					_	
	Screening Results					
	Meeting:	Yes No	Transcript:	High School	College _	None
	CLC GPA:		Proficiency: _	Language	Math	_ None
	Coursework: _	Chemistry _	Biology	Biology (A&P)		
	NLN Results: _	Verbal	Math	ScienceCom	nposite	
	Notes:					

Outcome/Letter:



Student Records 19351 West Washington Street Grayslake, IL 60030-1198

Phone: (847) 543-2015 • Fax: (847) 543-3012

Email: records@clcillinois.edu

Transfer Credit Evaluation Request For College Coursework and Military Training/Experience

This form is for students who want to transfer in credit from another U.S. regionally accredited college or university, or from military training and experience. Students with credit from non-regionally accredited schools must complete the <u>Appeal of Evaluation of College Transcript</u> form.

Official transcripts from each school are required. Transcripts must be received in a sealed envelope or sent electronically from the original institution via an approved secure site to be considered official. Transfer credit posted on another school's transcript will not be reviewed; you must send official transcripts from all schools you have attended.

International transcripts will not be evaluated; you must contact a NACES approved evaluator for evaluation for foreign coursework, and have the official evaluation sent to Student Records. The evaluation must be a **Catalog Match** evaluation in order to be considered for transfer credit. In some cases, it may be more cost effective to pursue a Credit for Prior Learning option if you are unsure your previous coursework is transferable.

Name:		CLC Student ID#:					
Student Email:	@stu.clcillinois.edu	Phone:					
Courses will only be transferred if they apply towards the program(s) indicated on this form. You may select more than one program. You can submit a new form and have your transcripts re-evaluated if you change your program in the future.							
☐ Associate in Arts (13AB) ☐ Associate in Science ☐ Associate in Fine Arts (14AA) ☐ Associate in Fine Arts	_	=	neering Science (12AB) eral Studies (10AC)				
☐ Associate in Applied Science Degree (A.A.S.):			Plan Code:				
☐ Career Certificate:	Plan (
Is this your first CLC Transfer Credit Evaluation? O Yes O No* *If you answered No: O I am sending new transcripts O Evaluate the same transcripts used for previous evaluations List all colleges/universities or military transcripts to be evaluated below.							
College/University/Military Do Not Use Abbreviations!	City and State		Date You Requested Official Transcript				
When your evaluation request is complete, you will receive no completed within 4-6 weeks of receipt of the last document. within one month of the completion of your evaluation. Once I request the College of Lake County to evaluate my college trothat I must be a degree or certificate seeking student to make	Any concerns regarding you posted, transfer credit can seripts for the purpose of	our transfer credit Innot be removed	evaluation must be made from your record.				
Student Signature		Date					