

Surgical Technology (10-512-1) Petition Form

I AM PETITIONING TO START: **FALL SEMESTER** **SPRING SEMESTER** **20**_____

Please Print

Last Name	First Name	Middle Initial	MATC Student ID #	E-mail Address
Address		City/State/Zip		Telephone

Student is responsible for updating any changes to the above information on INFONLINE.

Read the following and circle “Yes” or “No” for each line. By circling “Yes” you verify that you have met the criteria. If you have questions about being ready to petition, see the program counselor.

1.	Yes	No	I have applied and achieved admission to the college through the MATC Admissions Office and have an active program code for the Surgical Technology program.
2.	Yes	No	I am in Good Academic Standing.
3.	Yes	No	I have achieved a cumulative GPA of 2.0.
4.	Yes	No	I have completed NATSCI-177 or NATSCI-201 with a grade of “C” or better.
5.	Yes	No	I have current American Heart Association Healthcare Provider Level CPR Certification (attach copy) or I am currently enrolled in PHYED-210.
6.	Yes	No	I have completed (or am currently enrolled in) NATSCI-197 with a grade of C or better.
7.	Yes	No	I have submitted the following forms to the MATC Milwaukee campus Records Office, Room M240: (attach verification form) <ul style="list-style-type: none"> Essential Functions Form Health Certification Forms Hepatitis Release Form
8.	Yes	No	I have submitted the Criminal Background Check (CBC) Form to the MATC Paralegal, Room M240 (attach verification form) <ul style="list-style-type: none"> MATC CBC Cover Page State BID (disclosure form) MATC Release and Conditions Form <p><i>I understand that completion of the CBC form does not guarantee clinical placement.</i></p>
9.	Yes	No	I have attached a copy of my MATC Program Plan accessed through INFONLINE (if applicable).
10.	Yes	No	I have submitted official transcripts from other colleges and the courses have been transferred (transferred courses will appear in my MATC Program Plan).

I have read and understand the requirements, petition and notification instructions. I have read and understand all the conditions of my petition to enter my program.

Signature

Date

Surgical Technology (10-512-1)

Petition Instruction Sheet

REQUIREMENTS

To be eligible to petition for entry into the Surgical Technology technical courses the following requirements must be completed:

- Officially admitted into MATC with an active program code for the Surgical Technology program.
- Be in Good Academic Standing. (Refer to the MATC Standards of Academic Success)
- Completion of NATSCI-177 or NATSCI-201 with a grade of "C" or better in each course.
- Must have completed or be currently enrolled in NATSCI- 197. NATSCI- 197 must be completed with a grade of "C" or better prior to the beginning of the Surgical Technology core courses.
- Verification that official transcripts have been received by the MATC Admission Office and courses have been transferred and are reflected on the Program Plan (You must attach a copy of your Program Plan with your petition). The Program Plan may be accessed and printed through *INFONLINE*.
- Verification of current American Heart Association Healthcare Provider Level CPR Certification (you must attach a copy to your petition).
- Verification of completion of the Essential Functions, Health Certification Form and Hepatitis Release Form. Submit these forms to the MATC Health Records Specialist in M240 and obtain verification. (Attach a copy of your verification form to your petition).
- Verification of completion of the Criminal Background Check (CBC). Submit the CBC form to the MATC paralegal in M240 and obtain verification. (Attach a copy of your verification form to your petition).
Please Note: Completing the CBC does not guarantee clinical placement.
- Cumulative GPA of 2.0 in any college courses.

PETITION INSTRUCTIONS

- You must submit all of the required documents as requested (regardless of how many times you have petitioned).
- Petitions must be turned in or mailed in a sealed envelope to Room H116, the Health Occupations Division Office (Milwaukee Campus) no later than the close of business by the petition deadline date. No exceptions.
- Mailed petition packets must be received by the deadline date. The mailing address for the Health Occupations Division is 700 West State Street, Milwaukee, Wisconsin 53233.
- Your petition will not be considered unless ALL REQUIREMENTS ARE MET, ALL DOCUMENTS ARE SUBMITTED AS REQUESTED AND YOU HAVE NO OUTSTANDING DEBTS TO MATC.

NOTIFICATION

- Students will be notified of their status via letter within forty-five (45) days of the close of the petition window.
- Accepted students will be required to attend **mandatory** program specific orientations for their respective programs.
- Accepted students that do not attend /complete the program orientation, do not register by the registration deadline or drop core technical courses will **forfeit their seat**.
- Deferring to another year or semester is not an option.
- Non-accepted students and forfeited students are encouraged to petition again during the subsequent petition period.
- All decisions regarding acceptance or non-acceptance are final and cannot be appealed.

MATC reserves the right to hold all decisions final.

**SUMMARY OF MATERIALS
TO BE ATTACHED TO YOUR PETITION:**

- Copy of my unofficial MATC Program Plan, accessed through INFONLINE
- Verification form of completion of the Essential Functions, Health Certification, and Hepatitis Release Form
- Verification form of completion of the Criminal Background Check
- Current American Heart Association (AHA) Healthcare Provider CPR certification

Criminal Background Check
Verification Form

Student Name _____ Student ID# _____

\$ _____ was received on _____, and
(the required fee amount)
the completed criminal background check forms were received by the
Paralegal office on _____; thereby satisfying this requirement
in the admission's process.

Student Signature

Date

Print Student Name

Print Student Program

I understand that the signature below neither guarantees clinical placement nor implies that the criminal background check has been approved or passed.

MATC Paralegal Staff Signature

Date

Health Records
Petition Verification Form

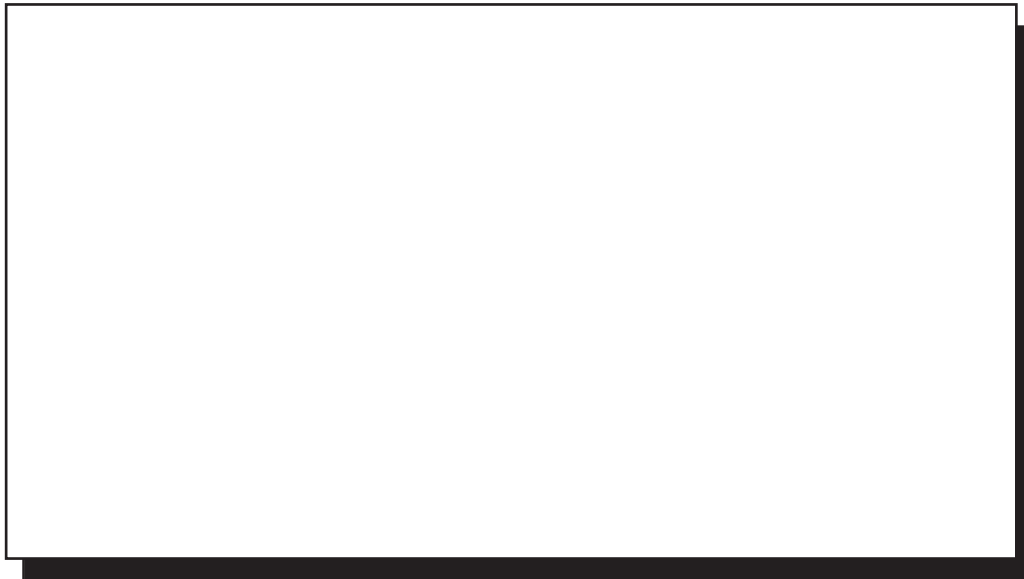
Student ID Number

Date

Print Student Name

Print Student Program

A signature below verifies that you have submitted a complete set of health forms to the Health Records Office, Downtown Milwaukee Campus, Room M240. It does not guarantee clinical placement.



This verification form is only valid for the individual program listed and for petitions submitted during designated petition periods.