

Springfield Technical Community College

Exceptional Education. Proven Results.

Application for Admission

Admissions Office
Springfield Technical Community College
One Armory Square, Suite 1
P.O. Box 9000
Springfield, MA 01102-9000
Phone: (413) 755-3333
Fax: (413) 746-0344

www.stcc.edu

Applying to Springfield Technical Community College is as easy as 1, 2, 3!

- 1** Complete an STCC Application for Admission. You may fill out this application and mail it to us (see #2) or bring it to the Admissions Office in Garvey Hall/Building 16/first floor, or apply online at www.stcc.edu.
- 2** Submit all required documentation (high school transcripts or GED, college transcripts, SAT scores for some programs) to the Admissions Office at the address above. With your application, please send a check or money order for the non-refundable application fee of \$10 for a Massachusetts resident or \$35 for an out-of-state resident, made payable to STCC.
- 3** Follow the directions that will be mailed to you in your acceptance packet.

If you have any questions please contact the Admissions Office at (413) 755-3333 or admissions@stcc.edu.

***This application is not for international students.
For an International Packet, please contact Admissions.***

Programs Offered

Associate Degree Programs & Options (Two years)

	Program Code
Automotive Technology _____	AUTM
Biotechnology _____	BIOT
Business Administration _____	
Option: Accounting _____	ACCT
Option: Entrepreneurship _____	ENTP
Option: Finance _____	FINC
Option: General Business _____	BUSN
Option: Management _____	MANG
Sports and Entertainment Management _____	SEMT
Option: Marketing _____	MRKT
Option: Transfer Compact _____	BTCM
Civil Engineering Technology _____	CIVL
Option: Architectural Technology Transfer _____	ARCH
Option: Construction Management _____	CNST
Clinical Laboratory Science * _____	CLLS
Computer Information Technologies _____	
Option: Computer and IT Security _____	CITS
Option: Microcomputer Specialist _____	MCRC
Option: Programmer _____	PROG
Option: Web Programming _____	WEBP
Computer Systems Engineering Technology _____	CSET
Dental Hygiene * _____	DHYG
Diagnostic Medical Imaging _____	
Option: Echocardiography* _____	DMEC
Option: Nuclear Medicine Technology * _____	DMIN
Option: Radiography * _____	DMIR
Option: Sonography * _____	DMIS
Digital Audio Production _____	DAUD
Digital Media Production _____	
Option: Multimedia Technology _____	MLTD
Option: Teleproduction Technology _____	TPRD
Early Childhood Education _____	CHLD
Electrical Engineering Technology _____	ELEC
Electronic Systems Engineering Technology _____	ESET
Energy Systems Technology _____	ENGY
Engineering & Science Transfer _____	ESTR
(Chemical, Civil, Electrical, Environmental, Industrial, Mechanical)	
Option: Computer Science Transfer _____	CSCI
Option: Engineering Transfer _____	ENGR
Option: Mathematics _____	MATH
Option: Physics _____	PHYS
Option: Science Transfer-Biology _____	BIOL
Option: Science Transfer-Chemistry _____	CHEM
Option: Science Transfer- Pre Med/Pre Den/Pre Vet _____	MDVT
Option: Technical Engineering _____	TECH
Fire Protection & Safety Technology (evening only) _____	FIRE
Graphic Arts Technology _____	GRPH
Option: Commercial Art _____	CART
Option: Digital Photography _____	DPHO
Health Information Technologies _____	
Option: Medical Coding & Billing Specialist _____	MCBS
Landscape Design & Management Technology _____	LAND
Option: Transfer Compact _____	LANT
Laser Electro-Optics Technology _____	LEOT
Option: Laser Applications _____	LEOT
Law Enforcement/Criminal Justice _____	LEcj
Liberal Arts Transfer _____	LTRR
Option: Fine Arts _____	FINE
Option: Teacher Education - Elementary _____	EDEL
Option: Teacher Education - Secondary _____	EDSE

	Program Code
Liberal Arts/General Studies _____	LTGS
Option: Bilingual _____	BLNG
Option: Pre-Engineering/Science Transfer _____	ENGC
Option: Pre-Health/Health Science _____	HTHC
Option: University Without Walls _____	UWWL
Massage Therapy * _____	INHM
Mechanical Engineering Technology _____	MECH
(Precision Manufacturing)	
Medical Assistant * _____	MAST
Nursing * _____	NURS
Occupational Therapy Assistant * _____	OCCP
Office Information Technologies _____	
Option: Office Administration - Executive _____	EXEC
Option: Medical Office Information Technology _____	EXMD
Option: Computer Software Applications Specialist _____	CSAS
Option: Virtual Assistant _____	VIRT
Physical Therapist Assistant * _____	PTAS
Respiratory Care * _____	RSPC
Surgical Technology * _____	SURG
Telecommunications Technology _____	TCOM

Certificate Programs (One year or less)

	Program Code
Architectural Technology _____	CIVL
Automotive Technology _____	AUTO
Biotechnology Manufacturing _____	BMFG
CAD/CAM _____	CADM
Clean Water Technology _____	CWTC
Clerical Office Assistant _____	CLER
Clinical Lab. Assistant * _____	CLLS
CNC Operations _____	CNCO
Computer-Aided Drafting _____	CCAD
Computer-Aided Manufacturing _____	CCAM
Computer Software Applications Specialist _____	CSAC
Computer Systems Engineering Technology _____	CSET
Construction Management (evening only) _____	CNST
Cosmetology * _____	COSM
Dental Assistant * _____	DAST
Digital Photography _____	DPHO
Digital Publishing _____	DPUB
Electrical/Robotics Technology _____	EROB
Electronic Systems Technology _____	ESET
Fire Science Technology (evening only) _____	FIRE
Geographical Information Systems _____	GINF
Graphic Arts Technology _____	GRPH
Health Aide _____	HTHC
Heating/Ventilation/Air Conditioning _____	ENGY
Landscape Design & Management Technology _____	LAND
Laser Electro-Optics Technology _____	LEOT
Law Enforcement/Criminal Justice _____	LEcj
Massage Therapy for Licensed Healthcare Professionals (evening only) _____	INHM
Medical Assistant _____	MEDA
Medical Coding and Billing Specialist _____	MEDC
Microcomputer Specialist _____	MCRC
Microsoft Office _____	MOUS
Programmer _____	PROG
Technical Engineering _____	TECH

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Part 1

(Please print or type)

Semester applying for: September _____ January _____
year year

Male Female

SS# - -

Birth Date - -
month day year

Name: _____
Last First Middle Any previous last name/maiden name

Permanent Legal Address: _____
Street City State Zip

Telephone: (_____) - _____ - _____ Email address: _____

Mailing Address: _____
(if different from legal address) Street City State Zip

NEW ENGLAND REGIONAL STUDENT PROGRAM (Out-of-State Residents Only)

Students who are legal residents of any one of the other five New England states may be eligible for a reciprocal tuition rate if a specific program is not offered at your in-state institution, or if it is offered, but STCC is closer to your legal residence. If you are applying under this plan, please check the following box.

MASSACHUSETTS RESIDENCY STATEMENT

All applicants must complete the residency statement in order to qualify for in-state tuition rate. A person is considered a resident for tuition purposes if residency is bona fide and has been maintained for at least six continuous months immediately preceding the date of enrollment, and if the person has the intention of living in the state indefinitely.

MASS. RESIDENTS SIGN HERE I, _____, CERTIFY THAT I HAVE BEEN A
RESIDENT OF MASSACHUSETTS SINCE _____
month year

PROGRAM REQUEST

Program Choice: _____ Program Code: _____
(See Programs Offered on opposite page)

Part 2

SECONDARY EDUCATION

I received I will receive my high school diploma from:

_____ Date of graduation: _____
Name of high school City State/Foreign Country

I received I will receive a General Education Diploma (GED) from:

_____ Date received/to be received: _____
State/Military/Agency

High School last attended: _____

Please turn over. 

PREVIOUS POST-SECONDARY EDUCATION

Have you previously applied to or attended STCC Yes No

List all colleges, universities, technical schools, etc. including STCC, which you have attended. You must have all official college transcripts sent directly to the STCC Admissions Office, whether or not you are requesting transfer credit.

Name	Location	Dates of attendance	Degree earned

Are you requesting transfer credit from another college? Yes No

What is the highest degree, diploma, or certificate you have received? Please check one:

- A.A. (31)
 A.S. (32)
 GED (01)
 H.S. Diploma (02)
 Certificate (11)
 B.A. (41)
 B.S. (42)
 M.A. (61)
 M.S. (62)

Part 3

PERSONAL INFORMATION

Are you a veteran of the U.S. armed forces? Yes No

Citizenship Status: (Please check ONE)

- United States Citizen
 Resident Alien Country of citizenship _____
(Copy of alien registration card required.)
 Refugee Country of birth _____
(Copy of I-94 required.)
 Other Visa Indicate type _____ Country of citizenship _____
(Copy of I-94 required.)

I certify that all information stated on this application is accurate and complete.

SIGN HERE Applicant's signature: _____ Date: _____

Parent or guardian's signature: _____ Date: _____
(If applicant is under eighteen years of age)

ETHNIC INFORMATION (This information is used for statistical purposes only.)

Please check one:

- Hispanic or Latino
 Not Hispanic or Latino
 Do not wish to report

Please check all that apply:

- American Indian or Alaska Native
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander
 White
 Do not wish to report

INTERCOLLEGIATE ATHLETICS/CO-CURRICULAR INTERESTS

Please let us know if you might be interested in participating in intercollegiate athletics or co-curricular activities at STCC.

- | | | |
|---|---|--|
| <input type="checkbox"/> men's basketball | <input type="checkbox"/> women's lacrosse | <input type="checkbox"/> wrestling |
| <input type="checkbox"/> women's basketball | <input type="checkbox"/> men's soccer | <input type="checkbox"/> club or organization |
| <input type="checkbox"/> golf (coed) | <input type="checkbox"/> women's soccer | <input type="checkbox"/> student community council |

Office Use Only Fee Paid: _____ Date: _____ I O F

