

WCTC Advising
800 Main Street, Room C-021
Pewaukee, WI 53072
262.691.5400 (Phone)

Froedtert Surgical Technology Agreement Form

No need to submit if you are not part of the Froedtert Employee Program.

Student Name: _____

Phone: _____

WCTC Email: _____

Student Id: _____

Froedtert Employee Program

_____ I am part of Froedtert Employee Program.

_____ I understand there are three seats held for students who are in the Froedtert Employee Program. If I am not awarded one of the three seats I will be added to the general petition pool.

Student's Signature:

I certify that the above student is a Froedtert Employee

Surgical Technology/Workforce Development Leader:

Surgical Technology/Workforce Development Leader Signature:

Surgical Technology/Workforce Development Leader Email and Phone Number:

