Certification Request for Pre-Health Care Certificate Completion

This request contains three sections. The student must complete the top section after consultation with their academic advisor.

After completion of the student section, the request will be forwarded to the Department Chair of Health Sciences or the Program Director for the Program the Student wishes to enter along with a completed Graduation Clearance Form.

Section three, will be completed by Admissions.

Section 1 (to be completed by student)

_____ _____ or _____

Student Name (Printed) Student ID Social Security Number

I request certification that I have completed all Pre-Health Care Certificate requirements in accordance with the Health Sciences department policy for qualification.
I request that I be placed on the Interview Eligibility List, pending admission to the _____ program.

I understand that to use the Pre-Health Care certificate to qualify for Health Sciences programs, the certificate must be completed with a grade of "C" or better in each course and a minimum GPA of 2.5. Each course may be repeated only once to obtain a passing or higher grade. Effective with courses taken Fall, 2008 and after, Withdrawing counts as an attempt.

_____

Student Signature

Section 2 (to be completed by Department Chair)

Course	Title	Substitute	Sem.	Grade	Cr. Hrs.	Qua.Pts.
ENG 101	English Composition I				3.0	
AHS 119	Health Careers				3.0	
AHS 102	Medical Terminology				3.0	
MAT 101	Beginning Algebra				3.0	
AHS 127	Basic Patient Care				3.0	
AHS 128	Health Sciences Introduction				3.0	
AHS 131	Computers in Healthcare				4.0	
	AHS Guided elective					
BIO 112 BIO 210	Basic Anat. & Physio. Or Anatomy & Physiology I				4.0	
ELECT BIO 211	Program Elective or Anatomy & Physiology II				3.0 4.0	
				Total Hours	32-33	

_____ **Place in _____ program until accepted**

Department Chair or Program Director

Section 3 (to be completed by Admissions)

The above student has: ____ Successfully completed,
____ Not successfully completed,
the requirements for the Pre-Health Care certificate.

The final requirement was completed on _____. Cumulative GPA _____

_____ _____

Admissions Officer Date received