

**OFFICE OF ADMISSIONS**  
**ALLIED HEALTH SCIENCES**  
**DEGREE GRADUATE NOTIFICATION**



\_\_\_\_\_  
Last Name First Name Middle

\_\_\_\_\_  
Street Address (include apt. #) City State Zip Code

\_\_\_\_\_  
Home Phone Number Alternate Phone Number

\_\_\_\_\_  
Student ID Number Email Address

I have completed the \_\_\_\_\_ degree at Midlands Technical College, term ending \_\_\_\_\_.

In addition to the above, I am tracking:

Nursing Degree \_\_\_\_\_ Health Sciences Degree \_\_\_\_\_

I also wish to be considered to attend an orientation/interview/information session for that program of study.

\_\_\_\_\_  
Student Signature Date

*Return this form to:*

Admissions Office | Attn: Nursing/Health Sciences | Midlands Technical College | PO Box 2408 | Columbia, SC 29202