

NAME \_\_\_\_\_

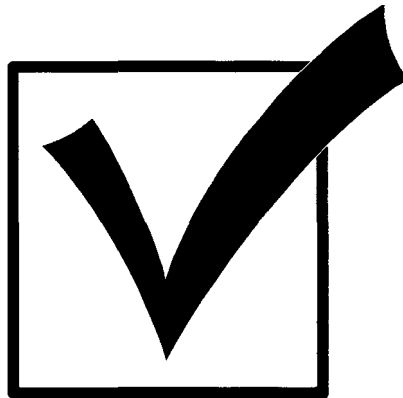
**LBCC** GRADUATION WORKSHEET 2005-2006 NO. \_\_\_\_\_

CERTIFICATE

Phlebotomy

C 5221

INSTRUCTIONS: Use this worksheet to track your progress toward graduation. You must be able to check off all the boxes on the checklist to receive this certificate. The college catalog and your advisor are two resources you can turn to if you need help. When you are nearing completion, meet with your advisor and have him or her sign this form. You should apply for graduation one term prior to the term you and your advisor determine you will have met the requirements for completion. **When you apply for graduation you must attach this form to your application. Your application is incomplete without this form signed by your advisor.**



\_\_\_\_\_  
Degree Evaluator

\_\_\_\_\_  
Date

FOR OFFICE USE ONLY

Credit Toward This Degree

Total Cr. \_\_\_\_\_

LBCC Cr. \_\_\_\_\_

GPA \_\_\_\_\_

Approved

Denied

\_\_\_\_\_  
Registrar

\_\_\_\_\_  
Date

C 5221 TB

PROGRAM REQUIREMENTS LISTED ON REVERSE SIDE

Advisor Instructions: This is the student's official record of their progress. The student must present this form to the Admissions Office when they apply for graduation. Please address each requirement by checking off completed courses, indicating which courses the student plans to take, and clearly documenting substitutions or waivers.

PROGRAM REQUIREMENTS ARE APPROVED BY THE DEPARTMENT ADVISOR

	Credits	Waivers/ Substitutions	Advisor Initials	Date Approved
MO5.532 Medical Terminology/Pharmacology .....	2 q	_____	_____	_____
OA2.616 Job Success Skills .....	1 q	_____	_____	_____
OA2.671 Medical Law and Ethics .....	2 q	_____	_____	_____
OA2.679 Basic Medical Coding .....	1 q	_____	_____	_____
OA2.925 Basic Microsoft Office Skills .....	1 q	_____	_____	_____
PH5.301 Health Care Delivery System .....	1 q	_____	_____	_____
PH5.310 Phlebotomy .....	8 q	_____	_____	_____
PH5.320 Anatomy and Physiology for Phlebotomists .....	2 q	_____	_____	_____
PH5.330 Communication/Customer Service for Phlebotomists .....	2 q	_____	_____	_____
SS1.150 Techniques of Reading & Studying .....	1 q	_____	_____	_____
WE1.2804 Cooperative Work Experience .....	5 q	_____	_____	_____

CHANGES MUST ALSO BE APPROVED BY  
DIVISION DIRECTOR OR DEAN

Admissions & Records will perform a final evaluation to ensure all courses have been completed with appropriate grades before this certificate is awarded to the student. Requirements such as general education, total credits and grade point average must be approved by the Registrar.

DEPARTMENT ADVISOR

Program requirements/proposed substitutions and waivers meet with my approval. Reasons for any changes are indicated and initialed on the appropriate line above.

DIVISION DIRECTOR or DEAN

Changes and/or substitutions in the program requirements have my approval.

\_\_\_\_\_  
Program Advisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Division Director or Dean Signature

\_\_\_\_\_  
Date