

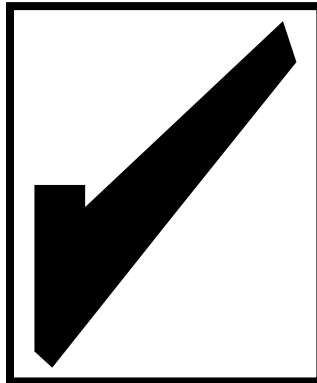
NAME \_\_\_\_\_

**LBCC GRADUATION WORKSHEET 2007-2008** ID.NO \_\_\_\_\_

**CERTIFICATE  
PHLEBOTOMY**

**C1 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.**



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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

Advisor Instructions: This is the student's official record of their progress. The student must be 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
MO 5.532	Med Terminology for Phlebotomists .....	2	<input type="checkbox"/>		
OA 2.616	Job Success Skills .....	1	<input type="checkbox"/>		
OA 2.671	Medical Law & Ethics.....	3	<input type="checkbox"/>		
OA 2.679	Basic Medical Coding .....	1	<input type="checkbox"/>		
OA 2.925	Basic Microsoft Office Skills .....	1	<input type="checkbox"/>		
PH 5.310	Phlebotomy .....	8	<input type="checkbox"/>		
PH 5.320	Anatomy & Physiology for Phlebotomists ....	2	<input type="checkbox"/>		
PH 5.330	Comm/Customer Service for Phlebotomists.....	2	<input type="checkbox"/>		
WE 1.2804	CWE .....	5	<input type="checkbox"/>		

### 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.

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

#### DIVISION DIRECTOR or DEAN

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

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