

NAME \_\_\_\_\_

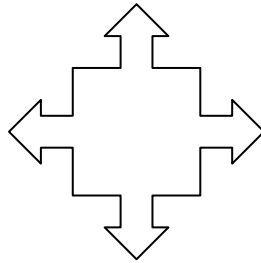
**LBCC GRADUATION WORKSHEET 2008-2009 ID.NO** \_\_\_\_\_

**CERTIFICATE**

**Pharmacy Technician**

**C 5230**

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 <input type="checkbox"/> Denied <input type="checkbox"/>
_____	_____	_____	_____
Registrar	Date		C 5230 TB

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. CHANGES MUST ALSO BE APPROVED BY DIVISION DIRECTOR OR DEAN**

	Credits	Waivers/ Substitutions	Advisor Initials	Date Approved
BA 2.108 Customer Service .....	2	<input type="checkbox"/>	_____	_____
OA 2.616 Job Success Skills .....	1	<input type="checkbox"/>	_____	_____
OA 2.925 Basic Microsoft Office Skills .....	1	<input type="checkbox"/>	_____	_____
PH 5.901 Pharmacy Technician.....	3	<input type="checkbox"/>	_____	_____
PH 5.905 Pharmacy Laws & Ethics.....	2	<input type="checkbox"/>	_____	_____
PH 5.910 Pharmacy Math .....	4	<input type="checkbox"/>	_____	_____
PH 5.915 Pharmacology & Drug Class for Pharmacy Tech .....	5	<input type="checkbox"/>	_____	_____
PH 5.920 Pharmacy Operations: Retail & Institutional.....	2	<input type="checkbox"/>	_____	_____
PH 5.925 Workplace Spanish for Health Care Professionals.....	2	<input type="checkbox"/>	_____	_____
WE 1.2803 CWE.....	5	<input type="checkbox"/>	_____	_____

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