Step 1. Meet with your academic advisor for initial review and signature.
Step 2. Submit within $\mathbf{3 0}$ days of Advisor signature and with $\mathbf{\$ 1 0}$ application fee to cashier's office for an unlimited number of applications during the academic year.
Step 3. Make a copy for your records.
Step 4. Expect an email verification that your listed plan meets official graduation requirements.

## STUDENT INFORMATION

SELECT THE QUARTER YOU PLAN TO COMPLETE THIS DEGREE: $\square$ Summer $\square$ Fall $\square$ Winter $\square$ Spring of Year NAME AS YOU WISH IT TO APPEAR ON DEGREE - Last name must match records: $\qquad$ STUDENT ID \#
MAILING ADDRESS (Address, City, State, Zip):
REQUESTING HIGH SCHOOL DIPLOMA: $\square$ Yes $\square$ No PHI THETA KAPPA MEMBER $\square$ Yes $\square$ No
INSTRUCTIONS: If you are using transferred credits toward degree requirements, list course name, number, and credit amount as it appears on your evaluated transcript. Place an asterisk (*) beside each transferred course. List colleges/universities below and a photocopy of each evaluated transcript must be attached.

| COLLEGE/UNIVERSITY NAME | COLLEGE/UNIVERSITY NAME | COLLEGE/UNIVERSITY NAME |
| :--- | :--- | :--- |
|  |  |  |

On the following list indicate the courses you have already completed by writing in the grade received. For courses you are currently enrolled in and the courses you anticipate enrolling in write in the abbreviation for the quarter, ie, $\mathrm{F}, \mathrm{W}, \mathrm{Sp}, \mathrm{Su}$ in the quarter column. If you have permission to substitute a course, write in the new class number beside the one listed. Your advisor must initial the changes. Students must earn a cumulative 2.00 GPA to obtain a degree.

REQUIRED COURSES FOR SURGICAL TECHNOLOGY

| COURSE | CREDIT | GRADE | QTR | COURSE | CREDIT | GRADE | QTR |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |
| AH 104 | 3 |  |  | AHST 125 | 3 |  |  |
| AH 105 | 3 |  |  | AHST 126 | 2 |  |  |
| AH 108 | 3 |  |  | AHST 135 | 3 |  |  |
| AH 110 | 5 |  |  | AHST 136 | 2 |  |  |
| AH 119 | 5 |  |  | AHST 150 | 6 |  |  |
| AH 120 | 5 |  |  | AHST 151 | 4 |  |  |
| AH 140 | 2 |  |  | AHST 155 | 4 |  |  |
| AH 155 | 2 |  |  | AHST 156 | 1 |  |  |
| PTECH 120 | 5 |  |  | AHST 201 | 9 |  |  |
| AHST 104 | 2 |  |  | AHST 202 | 2 |  |  |
| AHST 105 | 1 |  |  | AHST 210 | 9 |  |  |
| AHST 106 | 4 |  |  | AHST 211 | 2 |  |  |
| AHST 112 | 3 |  |  | AHST 220 | 2 |  |  |
| AHST 113 | 2 |  |  | AHST 221 | 2 |  |  |

DEGREE TOTAL CREDITS
96
EARNED CREDITS
$\underline{\square}$
PROJECTED CREDITS
TOTAL CREDITS

You must inform the Registration office and Academic Advisor of all changes you make in your projected schedule. Not following this plan may delay your graduation.

## ADVISOR AND STUDENT SIGNATURES

| Printed Advisor Name | Date |
| :--- | :--- |
| Advisor Signature (Initial Review Completed) <br> $\mathbf{X}$ | Date |
| Student Signature <br> $\mathbf{X}$ | Date |

[^0]DO NOT WRITE IN THIS SECTION - FOR OFFICE USE ONLY
REQUESTING HIGH SCHOOL DIPLOMA HIGH SCHOOL DIPLOMA POSTED _ HIGH SCHOOL DIPLOMA MAILED

SM5001 $\qquad$ SM6015 $\qquad$ FINAL GPA $\qquad$ HIGH SCHOOL DIPLOMA POSTED $\square$ HIGH SCHOOL DIPLOMA MAILED SM6009 (POSTED TO TRANSCRIPT) $\qquad$


[^0]:    
     Nob Hill Blvd., Yakima, WA 98902; or call 509.574.4670.

