Medical Assisting (MED)
Notice of Completion

Dear Prospective Medical Assistant Student,
We appreciate your interest in our program.
The accuracy with which you complete this form will determine our ability to process it in a timely manner.

Please submit this completed form, signed by your Department Head/Program Coordinator and any attachments to Fulp 300.

Name ____________________________________________ ID: T ____________________________________________
TCTC email __________________________________@tctc.edu Phone ( ) ________________________________

- Complete this form in full. Please meet with your advisor to have information verified.
- Pre-requisite completion documentation is required and must be attached to this form.
- You will receive notification/confirmation of acceptance by TCTC email. A deposit will be required before you will be able to register for curriculum courses.
- The College assumes no responsibility for missed emails if a student chooses to forward TCTC email to a personal email account.

<table>
<thead>
<tr>
<th>Prerequisite</th>
<th>Course and/or Date Completed</th>
<th>Minimum Requirements (Grade of “C” or higher)</th>
</tr>
</thead>
<tbody>
<tr>
<td>English</td>
<td></td>
<td>ENG 032 and or Reading 032 or higher or appropriate test scores</td>
</tr>
<tr>
<td>Math</td>
<td></td>
<td>Jumpstart MAT 012 or MAT 032 or MAT 101 or higher or appropriate test scores</td>
</tr>
<tr>
<td>Biology</td>
<td></td>
<td>BIO 100 or appropriate test scores</td>
</tr>
<tr>
<td>Keyboarding</td>
<td></td>
<td>AOT 101/105 or CPT 170</td>
</tr>
<tr>
<td>High School Diploma or GED</td>
<td>Graduation Date:</td>
<td>Must be on file with Admissions</td>
</tr>
<tr>
<td>2.0 minimum cumulative GPA</td>
<td></td>
<td>Note: Your Tri-County Technical College cumulative GPA supersedes all other grade point averages.</td>
</tr>
</tbody>
</table>

Meet with Department Head/Program Coordinator

Department Head/Program Coordinator’s Signature:

NOTE: Program requirements are subject to changes. This information does not supersede the College catalog. It is the responsibility of the student to manage this information.

Office Use Only
Prerequisite Completion Verification:

□ Yes, prerequisites are complete. S _____ T _____ R _____ SSE _____ Date of Submission here: ________________________________

□ No, prerequisites are not complete. Student emailed incomplete status notification. Staff Initials: ___________ Date: ___________

I am planning to enter in the Fall ___________ STUDENT SIGNATURE: ______________________________________________________________

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