

Expanded Duty Dental Assisting Notice of Completion

Dear Prospective Expanded Duty Dental 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 Director and any attachments to Fulp 401.

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.

Prerequisite	Course and/or Date Completed	Minimum Requirements (Grade of "C" or higher)
English		ENG 032, completion of, or test score eligibility for ENG 155 or higher
Math		MAT 032, completion of, or test score eligibility for MAT 155 or higher
Medical Terminology		AHS 102
High School Diploma or GED	Graduation Date:	Must be on file with Admissions
2.0 minimum cumulative GPA		Note: Your Tri-County Technical College cumulative GPA supersedes all other grade point averages.
Meet with Department Head/ Program Director		Department Head/Program Director'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.

I am planning to enter in the Fall _____ STUDENT SIGNATURE: _____

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: _____