AAS – ALLIED HEALTH CREDIT FORM

Required general education and related program courses that must be completed:

____ GEO 1
____ GEO 2
____ GEO 3
____ GEO 4
____ GEO 5
____ GEO 6
____ Related Requirement
____ *Any other courses in order to meet 60 cr hrs

Student Name: _____ Student #: _____
(Please Print)

Certification(s)/Licensure:_____

Credits Given:_____ # of credits needed _____

I understand that the AAS-Allied Health program requires a total of 33 core requirement credits in addition to the General and Related Education requirements. These credits can be met by an approved licensure, certification, or registration, and by taking additional elective credits as suggested in the JC Catalog. A copy of my certification/licensure is attached which **must be approved by the Program Director**. Credits awarded vary by credential.

I plan to take the following courses to complete the 33 core credits required for this program (if applicable). I understand that if I decide to make a change to my elective courses below that I contact the Program Director to ensure I meet program requirements.

Course Prefix & Number	**Course Title**	**# Credits**

Student's Signature: _____ Date: _____

Program Director Signature: _____ Date: _____

Registrar Initials _____ Date Processed_____

Copies of this form are to be given to Student, Navigator, Program Director, and Registrar.