Student Name	Student ID		dvisor		_
	AS STATE UNIVERS RTIFICATE OF PROP Phlebotomy		PORT		2015-16
A. Possible Prerequisites: None required					
B. General Education Core: None required		(1904 1900 1900 1900 1900 1900 1900 1900 1900 1900 1	1900 1900 1900 1900 1900 1900 1900 1900 1900	1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900	1904 (1904) (1904) (1904) (1904) (1904) (1904) (1904) (1904) (1904) (1904) (1904)
C. Major Technical Discipline: (8 credit hour Course # Course Title PHL 1101 CPR & First Aid PHL 1102 Phlebotomy Clinical PHL 1105 Phlebotomy	rs) Hour	rs S	emester	Grade	Transfer (Univ. /year)
D. Directed Electives: None required					
Total cre	edit hours				
Minimum Required Credit Hours (8)					
Student's Signature_		Date:			

Date:_____

Advisor's Signature_____

Date Certificate Completed: