



Date of Program Assessment Form Submission: _____
Year Month

Full Name: _____
(Last) (First) (Middle)



Mailing Address _____
(Street and Number)

(City) (State) (ZIP Code)

Email Address _____ Phone _____

Our motto is: *Meeting you where you are, academically and geographically, and taking you where you want to go.*
We offer 3 Tracks: **Certificate Track, Degree Track and Special Credit Track.**

It is important to the Histotechnology Program that you move through your education in a purposeful and efficient way.
Please complete the following information so we can place you into the correct track.

| Which option applies to you? Please check One | | |
|--|---|--|
| Do you currently hold a degree? | | Are you HT (ASCP) Certified interested in earning an associate degree? |
| YES  | NO  | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | |
| Send a copy of your transcripts showing all courses completed and degree awarded. Unofficial copies are acceptable at this time. | | Send proof of your HT (ASCP) certification and transcripts showing courses completed (if any). |

Students must have access to a laboratory to complete the histotechnology program courses.

Do you have access to a histology lab? YES NO

If you answered yes to the question above, please list

Legal name of facility _____

Doing Business as (if applicable) _____

City & State _____

Is there a certified HT(ASCP) or HTL(ASCPV) to serve as your mentor? YES NO

Name _____

Email _____ Phone _____