HLCS LIMITED COURSE REQUEST FORM INSTRUCTIONS

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<td>April 8</td>
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- If the request due date falls on a Saturday or Sunday, the request will be due the Monday immediately following the due date listed.

Requests should be submitted to (not by email):

Elizabeth Blackburn
Administrative Assistant, School of Health Sciences
8000 S. Education Drive,
Terre Haute, Indiana 47802

812-298-2239 or 800-377-4882 x2239
Room B136
HLCS LIMITED COURSE REQUEST FORM

Last Name: ___________________________ First Name: ___________________________
C# Number: ___________________________
Street Address: ___________________________
City: ___________________________ State ____________ Zip: ____________
Home Phone: ___________________________ Cell Phone: ___________________________
Ivy Tech E-mail: ___________________________

Signature: ___________________________ Date: ___________________________

**HLHS 107 (CNA Training):**
REQUESTS WILL FIRST BE CONSIDERED FOR THOSE STUDENTS DECLARED AS PURSUING THE AAS IN HEALTH CARE SUPPORT AND STUDENTS WILL BE DROPPED IF REQUIREMENTS ARE NOT MET (DISCUSSED UPON ENROLLMENT)

Indicate your declared program below (circle):

- HEALTH CARE SUPPORT AAS
- Courses Only
- Other

Indicate Section(s) Preferred below (circle):

Fall ______ Spring ______

**PHLEBOTOMY:**
REQUESTS WILL FIRST BE CONSIDERED FOR THOSE STUDENTS DECLARED AS PURSUING THE AAS IN HEALTH CARE SUPPORT OR THE CT IN PHLEBOTOMY.

Indicate your declared program(s) below (circle):

- PHLEBOTOMY CT
- HEALTH CARE SUPPORT AAS
- Other

Indicate PHLB 212 Section(s) Preferred below (circle):

Spring ______ Fall ______ Summer ______

**Therapeutic Massage:**
Indicate your declared program below (circle):

- HEALTH CARE SUPPORT TC - TMAS
- HEALTH CARE SUPPORT AAS - TMAS

Section Available: Fall ______

**Medical Office Administration and Outpatient Insurance Coding:**
Indicate your interest(s) below (circle):

- Medical Office Administration CT
- Outpatient Insurance Coding CT
- HEALTH CARE SUPPORT AAS

Section Available: Spring ______ Fall ______

FOR OFFICE USE ONLY:

Date Received__________ Time Received__________