

## CODING SPECIALIST PROGRAM APPLICATION

Please print or type when completing this form and return it to: Department of Allied Health & Career Programs Room 4453 or 4469L South Suburban College, 15800 S. State Street, South Holland, IL 60473

Last Name	e:		First:		MI: _
Colleague	e ID Number:	Day	ytime Phone: (	)	
Evening P	hone:				
Address:_					
City:					
•	ove your Official Transcrip		YES NO		
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	Course Number	Completed	In Progress	Scheduled for Summer	
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	HIT 100	·			
	BIO 115*				
	HIT 103				
	HIT 108				
	*Students that have taken BIG	) 185 and 186 (both) do	not need BIO 115.		
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	gram. Additionally, if you are n	-	-	g Specialist Program. This program, you must re-submit an applicati	
Name:_					
Signatu	ıre:				
Date					