



For office use ONLY
Date _____
Time _____
Initials _____

HEALTH AND HUMAN SERVICES NOTICE OF COMPLETION

I have completed all eligibility requirements for the following program of study

\_\_\_\_\_

and I am interested to be considered for (check one): Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_ Semester \_\_\_\_\_

Eligibility for a Health and Humans Services program is based on submission of all required documents and completion of all transitional and prerequisite courses. Fill out and submit this Notice of Completion, with signature from Advising Center that verifies completion of transitional and/or prerequisite courses. You will be notified by e-mail of your status.

Name \_\_\_\_\_ Student ID# \_\_\_\_\_

SCC e-mail address \_\_\_\_\_ Phone number \_\_\_\_\_

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Return Health and Human Services Notice of Completion to the Administrative Office, Health Science Building, room 144.

ADVISING CENTER SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

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