



Statement of Completion

This form must be returned to the Admissions and Records Office either in person or by “**CERTIFIED**” mail to:

Trident Technical College
Admissions and Records Office
Attn: Allied Health Specialist, AM-M
P.O. Box 118067
Charleston, SC 29423-8067

I HAVE COMPLETED ALL REQUIREMENTS FOR THE PROGRAM LISTED BELOW. PLEASE REVIEW MY FILE FOR ACCEPTANCE.

Note: Do not turn this form in until ALL requirements are completed.

STUDENT NAME: _____

STUDENT SS #: _____

ADDRESS: _____

PHONE NUMBER: _____

PROGRAM: _____

(Submission of this form does not guarantee your acceptance. You will be notified of your status.)