

PRINT NAME: _____
(LAST) (FIRST) (MIDDLE)

STUDENT ID: _____

PRE-PROFESSIONAL HEALTH CAREERS (PPHC)
Room 340A Chemistry Building - (806) 742-3078
www.depts.ttu.edu/pphc/

SCHEDULE REQUEST FORM (SRF)
Fall 2013

THIS FORM MUST BE COMPLETED TO GET YOUR ADVISOR'S HOLD MOVED

- ☐ I chose to meet with a PPHC advisor to discuss my courses for the fall 2013 semester and **during my advising appointment my advisor's hold was moved to the next semester.**
- ☐ I chose **NOT** to meet with a PPHC advisor to discuss my courses for the fall 2013 semester, therefore, I have submitted my course request for approval and in 2 (two) business it **will be emailed back to me at my Texas Tech University email address only.**

Texas Tech University Email Address: _____

Telephone (TTU Campus or Local and/or Cell): _____

Circle areas of interest listed below:

PMED - Pre-Medicine

PDEN - Pre-Dental

POPT – Pre-Optometry

PPAR - Pre-Pharmacy

PNUR – Pre-Nursing

PPHT – Pre-Physical Therapy

POCP – Pre-Occupational Therapy

PRCD – Pre-Speech Language & Hearing Sciences

PHPA - Pre-Physician Assistant

PMDT – Pre Clinical Laboratory Science (**CLS**)
Circle the CLS option you plan to follow 1, 2, or 3:
1) Standard, 2) Pre-Med, 3) Pre-Physician Assistant

If there is no code for your area of health care, write it below:

(Examples: Dental Hygiene, Chiropractic, Podiatry, etc.)

If planning to declare a bachelors degree soon, list it below:

(Examples: Biology, Chemistry, French, Geology, etc.)

The Registrar's Office determines the registration dates. You may register yourself online on or after your scheduled registration day.

Print Your Name: _____

Fall 2013 SCHEDULE

PRIMARY SCHEDULE

Course Abbreviation	Course Number

ALTERNATIVE COURSES

Course Abbreviation	Course Number

Student's Signature: _____
Student's signature is **required** before the advisor's registration hold will be removed.

Academics: _____

Exposure Hours: _____

Volunteering: _____

Certifications: _____

Campus Resources: _____

University Career Services: _____

Advisor's Comments: _____

Advisor's Initials _____

Print Your Name: _____
LAST FIRST MIDDLE

SUMMER I & SUMMER II 2013 SCHEDULE

PRIMARY SCHEDULE

SUMMER I

ALTERNATIVE COURSES

Course Abbreviation	Course Number

Course Abbreviation	Course Number

PRIMARY SCHEDULE

SUMMER II

ALTERNATIVE COURSES

Course Abbreviation	Course Number

Course Abbreviation	Course Number

Student's Signature: _____
Student's signature is **required** before the Advisor's Registration hold will be moved.

Advisor's Comments: _____

Advisor Initials _____