SAN DIEGO MIRAMAR COLLEGE | Medical Laboratory Technology Training Program

VERIFICATION OF TRAINING REQUEST FORM

For Letter of Completion

Meets Title 17, Section 1031.4, of the California Code of Regulations

CSID: _____ Today's Date: _____

LFS Number:_____

Name: _____
First Middle Last

Address:_____
Street City State Zip

Telephone: Day_____ Evening_____ Mobile_____

Email: _____

Return this form to room M202, the Dean's Office for Math and Science. The original Letter of Completion will be sent directly to LFS. Students may pick up their copy of the letter at the Dean's Office, Room M202, when it is ready.

Student Signature: _____

For Internal Use Only

Date Letter Mailed: _____