

BAPTIST HEALTH SCHOOLS LITTLE ROCK
Student Administrative Service Request

SUBMIT TO STUDENT SERVICES IN OFFICE 1004: REQUESTS WILL BE FILLED WITHIN FIVE (5) WORKING DAYS.

1. Name: _____ Other Name: _____ Date: _____

SS# _____ Current Telephone: _____ Pager: _____

Fax: _____ E mail: _____

2. BHS LR program:
- | | |
|--|--|
| <input type="checkbox"/> General Education/Science Courses | <input type="checkbox"/> Registered Nursing: Traditional |
| <input type="checkbox"/> Histotechnology | <input type="checkbox"/> Registered Nursing: Accelerated |
| <input type="checkbox"/> Medical Technology | <input type="checkbox"/> Registered Nursing: Express |
| <input type="checkbox"/> Nuclear Medicine Technology | <input type="checkbox"/> Sleep Technology |
| <input type="checkbox"/> Occupational Therapy Assistant | <input type="checkbox"/> Surgical Technology |
| <input type="checkbox"/> Practical Nursing | |
| <input type="checkbox"/> Radiography | |

3. Classification: Pre-Professional Freshman Sophomore Junior Senior Graduate Non Graduate

4. Service(s) Requested:

- 4.1 Enrollment Verification
- 4.2 Letter of "Status" In School (Reflects financial good standing, must be cleared through Bus. Office)
- 4.3 Identification Badge Replacement (Pay \$10.00 at Bus. Office and present receipt to Mr. Parker in Room 107)
- 4.4 Copy : CPR TB Immunization Record NET scores
- 4.5 Recommendation to outside BH.
- 4.6 Educational Reference for BH specific
- 4.7 Withdrawal from program of study
- 4.8 Patient Care Tech paperwork (Skills check-off sheet and evidence of completion of OSHA, HIPPA, and Corporate Compliance)
- 4.9 Other _____

5. Send * Requested Information To : Name _____

Address _____

City _____ State _____

Zip _____ Fax # _____

* US mailed or faxed

6. _____
 Student Signature Student ID # Date

7. Change of Personal Information: (**Updated Social Security Card must be presented in order to make a name change**).

7.1 From : Former Name _____
Former Address _____
City _____ State _____ Zip _____
Telephone # _____ Fax # _____
Pager # _____

7.2 To: Current Name _____
Current Address _____
City _____ State _____ Zip _____
Telephone # _____ Fax # _____
Pager # _____

8. _____ / _____ / _____
Student Signature Student ID # Date

Office Use Only			
Form received by :	_____ / _____	Forwarded to:	_____ / _____
	Signature Date		Admin. Staff name Date
Request filled by:	_____ / _____		
	Name		Date
Social Security Card Verified By (only for name change)	_____		