

Lamar Institute of Technology

Allied Health-Sonography Program

Applicant,

If you are in Spring Semester College courses at the time your application is due (April 15th) to the sonography program, please have your instructor fill out this form and return it with your **completed** application packet.

Thank you,
Judy Tinsley
Sonography Program Director

This is to verify that _____ (students' name) is attending _____ (course name) and is passing with a letter grade of _____.

Signature of instructor:

Date: _____