



**LETTER OF INTENT – Patient Care Technician Program**

Name \_\_\_\_\_

Student ID Number \_\_\_\_\_ Phone \_\_\_\_\_

I am interested in enrolling in the:

\_\_\_\_ Patient Care Technician Program

For the following semester: (Write the year next to your semester choice.)

Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_

**Paid deposit of \$100 is due the day of registration for the PCT program. The \$100 deposit is non-refundable. The \$100 will be credited towards your tuition.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*Please have receipt below stamped and signed by the Business Office upon payment of the \$100 deposit for submission to the Counselor/Advisor for the Patient Care Technician Program.**

**FOR OFFICAL USE ONLY**

\_\_\_\_\_  
**Business Office Signature**

\_\_\_\_\_  
**Date**

<p>Stamp Here</p> <p>Use Code: HLDTP</p>
--