

Lamar Institute of Technology

Allied Health-Sonography

Applicant,

Please have your instructor fill out this form and return it with your completed application.

Thank You,

Judy Tinsley
DMS Program Director

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

Instructor: _____

Date: _____

Note: college courses only