

# LINKAGE TRANSMITTAL FORM

To: **Linkage Administrator at:**

\_\_\_\_\_ Hillsborough Community College

\_\_\_\_\_ Polk State College

\_\_\_\_\_ Pasco-Hernando State College

The following candidate has been interviewed and briefed by the counselor below for possible selection under the Linkage Agreement into the program checked below:

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

TARGETED ADMISSION DATE (e.g., Fall 2015) \_\_\_\_\_

**Program (check one):**

\_\_\_\_\_ Cardiovascular Technology (Polk)

\_\_\_\_\_ Occupational Therapy Assistant (Polk)

\_\_\_\_\_ Dental Hygiene (HCC)

\_\_\_\_\_ Physical Therapy Assistant (Polk)

\_\_\_\_\_ Dental Hygiene (PHSC)

\_\_\_\_\_ Radiation Therapy (HCC)

\_\_\_\_\_ Diagnostic Medical Sonography Technology (HCC)

\_\_\_\_\_ Respiratory Care (HCC)

\_\_\_\_\_ Diagnostic Medical Sonography Technology (Polk)

\_\_\_\_\_ Respiratory Care (Polk)

\_\_\_\_\_ Nuclear Medicine (HCC)

Transcripts (official or unofficial) verifying that student has prerequisite attached.

I recommend the above student for selection under the Linkage Agreement.

**Name of Sending College** \_\_\_\_\_

Printed name of Counselor: \_\_\_\_\_ Email Address: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Counselor

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Linkage Administrator

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**Name of Receiving College** \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Linkage Administrator

Action by receiving college: \_\_\_\_\_ accepted \_\_\_\_\_ alternate \_\_\_\_\_ rejected

**Linkage Administrator at receiving college mails copy of this form to Linkage Administrator at sending college (see pages 6-7 for administrator contact information).**