



VWCC Records Office • 3094 Colonial Ave., SW • Roanoke, VA 24015-4704  
 email: records@viriniawestern.edu / Fax: 540-857-6102

Student's Name \_\_\_\_\_

Empl ID (Required) \_\_\_\_\_

This student has successfully documented that he/she has completed one of the following and shall be awarded the noted credit:

\_\_\_\_ Degree program

\_\_\_\_ LPN program (for Health Tech students)

#### Orientation to Health Programs

SDV 101 (567909)	Orientation to Business/Profession	_____	credit(s)
SDV 101 (567924)	Orientation to Communication Design	_____	credit(s)
SDV 101 (567923)	Orientation to Culinary Arts	_____	credit(s)
SDV 101 (558923)	Orientation to Engineering	_____	credit(s)
SDV 101 (558923)	Orientation to Engineering & Math	_____	credit(s)
SDV 101 (567968)	Orientation to Health Programs	_____	credit(s)
SDV 101 (567928)	Orientation to Information Tech	_____	credit(s)
SDV 101 (567907)	Orientation to LASS Transfer	_____	credit(s)
SDV 101 (567908)	Orientation to Public Service	_____	credit(s)
SDV 101 (567925)	Orientation to Science	_____	credit(s)

\_\_\_\_\_  
*Advisor Signature*

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

\_\_\_\_\_  
*Advisor Printed Name*

Records Staff:

Other Credits Manual/Degree

Date Recorded: \_\_\_\_\_ Initials: \_\_\_\_\_

6/2021