

NAME _____

LBCC Graduation Worksheet 2005-2006

ID. NO. _____

Associate Of Applied Science

Administrative Medical Assistant

AAS 5214

Instructions: Use this worksheet to track your progress toward graduation. You must be able to check off all the boxes on each page to receive this degree. The college catalog and your advisor are two resources you can turn to if you need help. When you are within two terms of completion, meet with your advisor and have him or her sign this form. You should apply for graduation one term prior to the term you and your advisor determine you will meet all the requirements for completion. **When you apply for graduation you must attach this form to your application. Your application is incomplete without this form signed by your advisor.**

General Education Requirements Are Approved By The Admissions & Records Office

Composition		Credits	
WR 121	English Composition	3 cr	_____
Speech			
SP 218	Interpersonal Communication	3 cr	_____
Math			
MTH 065	Elementary Algebra	4 cr	_____
Health & PE			
HE 252	First Aid	3 cr	_____
Perspectives			
	Science, Technology & Society (see catalog page 183).....	3 cr	_____
	Cultural Diversity & Global Awareness	3 cr	_____
	BA 224 Human Resources Management (3)		_____

Please fill out form in dark ink

Degree Evaluator

Date

FOR OFFICE USE ONLY

Credit Toward This Degree

Total Cr. _____ LBCC Cr. _____ GPA _____ Approved Cr _____ Denied Cr _____

Registrar

Date

AP5214 BC

PROGRAM REQUIREMENTS LISTED ON REVERSE SIDE

Advisor Instructions: This is the student's official record of their progress. The student must present this form to the Admissions Office when they apply for graduation. Please address each requirement by checking off completed courses, indicating which courses the student plans to take, and clearly documenting substitutions or waivers.

PROGRAM REQUIREMENTS ARE APPROVED BY THE DEPARTMENT ADVISOR

	Credits	Waivers/ Substitutions	Advisor Initials	Date Approved
BA2.530 Practical Accounting I.....	4 q			
CIS 1250 Introduction to Windows.....	1 q			
CIS 125S Introduction to Spreadsheets.....	1 q			
MO5.414 Drug Names & Classifications.....	3 q			
MO5.625 Basic Clinical Office Procedures.....	5 q			
MO5.630 Medical Terminology & Body Systems.I.....	3 q			
MO5.631 Medical Terminology & Body Systems.II.....	3 q			
MO5.632 Medical Terminology & Body Systems.III.....	3 q			
MO5.665 Documentation & Screening in the Medical Office.....	2 q			
OA2.500C Business Orientation: Medical.....	1 q			
OA2.513 Numeric Keyboarding: Speed & Accuracy.....	1 q			
OA2.513P Numeric Skillbuilding: Production.....	1 q			
OA2.515M Business Math with Calculators: Medical.....	2 q			
OA2.524 Medical Transcription I.....	3 q			
OA2.525 Medical Transcription II.....	3 q			
OA2.527 Applied Document Processing.....	3 q			
OA2.544 Medical Insurance Procedures.....	4 q			
OA2.551 Communications in Business.....	4 q			
OA2.588 Editing Skills for Info Processing.....	3 q			
OA2.613 CWE for Office Professionals.....	8 q			
OA2.616 Job Success Skills.....	1 q			
OA2.656M Medical Information Processing.....	3 q			
OA2.670 Medical Office Procedures.....	4 q			
OA2.671 Medical Law & Ethics.....	2 q			
OA2.672 Basic Coding.....	3 q			
OA2.680 Advanced Coding.....	3 q			
OA 122 Formatting.....	2 q			
OA 202 Word Processing for Business: MS Word.....	3 q			

Select One Option

OA 123A Typing Skillbuilding and	2 q			
OA 123B Advanced Typing Skillbuilding or	2 q			
OA 124 Typing Speed & Accuracy Development.....	3 q			

CHANGES MUST ALSO BE APPROVED BY
DIVISION DIRECTOR OR DEAN

Admissions & Records will perform a final evaluation to ensure all courses have been completed with appropriate grades before this degree is awarded to the student. Requirements such as general education, total credits and grade point average must be approved by the Registrar.

DEPARTMENT ADVISOR

Program requirements/proposed substitutions and waivers meet with my approval. Reasons for any changes are indicated and initialed on the appropriate line above.

DIVISION DIRECTOR or DEAN

Changes and/or substitutions in the program requirements have my approval.

Program Advisor Signature

Date

Division Director or Dean Signature

Date