

# LBCC GRADUATION WORKSHEET 2005-2006

NAME \_\_\_\_\_

ID. NO. \_\_\_\_\_

## CERTIFICATE

Dental Assistant One-Year

C1 5202

**INSTRUCTIONS:** Use this worksheet to track your progress toward graduation. You must be able to check off all the boxes on the checklist to receive this certificate. The college catalog and your advisor are two resources you can turn to if you need help. When you are nearing 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 have met 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.**



\_\_\_\_\_  
Degree Evaluator

\_\_\_\_\_  
Date

### FOR OFFICE USE ONLY

Credit Toward This Degree

Total Cr. \_\_\_\_\_

LBCC Cr. \_\_\_\_\_

GPA \_\_\_\_\_

Approved

Denied

\_\_\_\_\_  
Registrar

\_\_\_\_\_  
Date

CI 5202 HH

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
BI4.220	Survey of the Human Body .....	3			
DA5.453	Dental Pathology/Pharmacology .....	2			
DA5.461	Dental Radiology I .....	3			
DA5.462	Dental Radiology II .....	3			
DA5.463	Dental Radiology III .....	3			
DA5.484	Dental Materials I .....	3			
DA5.485	Dental Materials II .....	3			
DA5.488	Expanded Duties I .....	2			
DA5.489	Expanded Duties II .....	2			
DA5.491	Dental Office Records .....	2			
DA5.492	Dental Office Emergencies .....	2			
DA5.494	Introduction to Dentistry .....	3			
DA5.495	Clinical Practice .....	4			
DA5.496	Dental Specialties .....	3			
DA5.497	Dental Health Education .....	1			
DA5.498	Dental Health/Nutrition .....	1			
DA5.500	Dental Anatomy/Histology .....	2			
DA5.501	Dental Infection Control & Sterilization .....	2			
DA5.510	Office Practicum .....	8			
DA5.515	Office Practicum Seminar .....	2			
DA5.525	Intermediate Dental Assisting .....	1			
DA5.550	Human Relations in Dentistry .....	2			

CHANGES MUST ALSO BE APPROVED BY  
DIVISION DIRECTOR OR DEAN

Comments:

Admissions & Records will perform a final evaluation to ensure all courses have been completed with appropriate grades before this certificate 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