

NAME _____

LBCC Graduation Worksheet 2007 - 2008 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 <input type="checkbox"/> _____
SPEECH		
SP 218	Interpersonal Communication.....	3 <input type="checkbox"/> _____
MATH		
MTH 065	Elementary Algebra	4 <input type="checkbox"/> _____
HEALTH & PE	(select 3 credits)	
PE 231	Lifetime Health & Fitness (3cr)	3 <input type="checkbox"/> _____
PERSPECTIVE		
	Science, Technology & Society (see catalog page 175)	3 <input type="checkbox"/> _____
	Cultural Diversity & Global Awareness.....	3 <input type="checkbox"/> _____
	BA 224 Human Resources Management (3)	

Degree Evaluator Date

FOR OFFICE USE ONLY			
Credit Toward This Degree			
Total Cr. _____	LBCC Cr _____	GPA _____	Approved <input type="checkbox"/> Denied <input type="checkbox"/>
_____ Registrar	_____ Date	AP 5214BC	

PROGRAM REQUIREMENTS

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 1.....	4	<input type="checkbox"/>	_____	_____
CIS 1250	Introduction to Windows.....	1	<input type="checkbox"/>	_____	_____
CIS 125S	Introduction to Spreadsheets.....	1	<input type="checkbox"/>	_____	_____
M05.414	Drug Names & Classifications.....	3	<input type="checkbox"/>	_____	_____
M05.625	Basic Clinical Office Procedures.....	5	<input type="checkbox"/>	_____	_____
M05.630	Medical Terminology & Body Sys I.....	3	<input type="checkbox"/>	_____	_____
M05.631	Medical Terminology & Body Sys II.....	3	<input type="checkbox"/>	_____	_____
M05.632	Medical Terminology & Body Sys III.....	3	<input type="checkbox"/>	_____	_____
M05.665	Doc & Screening in the Med Office.....	2	<input type="checkbox"/>	_____	_____
OA2.500C	Business Orientation: Medical.....	1	<input type="checkbox"/>	_____	_____
OA2.513	Numeric Keyboard: Speed & Accuracy ...	1	<input type="checkbox"/>	_____	_____
OA2.513P	Numeric Skillbuilding: Production	1	<input type="checkbox"/>	_____	_____
OA2.515M	Business Math Medical I.....	1	<input type="checkbox"/>	_____	_____
OA2.515MA	Business Math Medical II.....	1	<input type="checkbox"/>	_____	_____
OA2.524	Medical Transcription I.....	3	<input type="checkbox"/>	_____	_____
OA2.527	Applied Document Processing.....	3	<input type="checkbox"/>	_____	_____
OA2.544	Medical Insurance Procedures.....	4	<input type="checkbox"/>	_____	_____
OA2.551	Communications in Business	4	<input type="checkbox"/>	_____	_____
OA2.588	Editing Skills for Info Processing.....	3	<input type="checkbox"/>	_____	_____
OA2.613	CWE for Office Professionals.....	8	<input type="checkbox"/>	_____	_____
OA2.616	Job Success Skills	1	<input type="checkbox"/>	_____	_____
OA2.656M	Medical Information Processing.....	3	<input type="checkbox"/>	_____	_____
OA2.670	Medical Office Processing	4	<input type="checkbox"/>	_____	_____
OA2.671	Medical Laws & Ethics.....	3	<input type="checkbox"/>	_____	_____
OA2.672	Basic Coding.....	3	<input type="checkbox"/>	_____	_____
OA2.680	Advanced Coding.....	3	<input type="checkbox"/>	_____	_____
OA 122	Formatting.....	2	<input type="checkbox"/>	_____	_____
OA 202	Word Processing for Bus: MS Word.....	3	<input type="checkbox"/>	_____	_____

Select one Option

- OA 123A Typing Skillbuilding (2cr) **and**
- OA 123B Advanced Typing: Skillbuilding (2cr) **or**
- OA 124 Typing: Speed & Acc Develop (3cr) 3-4

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 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