

NAME \_\_\_\_\_

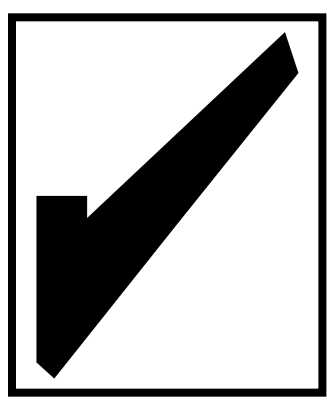
**LBCC GRADUATION WORKSHEET 2007-2008** ID.NO \_\_\_\_\_

**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

<b>FOR OFFICE USE ONLY</b>				
Credit Toward This Degree				
Total Cr _____	LBCC Cr _____	GPA _____	Approved <input type="checkbox"/>	Denied <input type="checkbox"/>
_____ Registrar		Date	C1 5202 HH	

## PROGRAM REQUIREMENTS

Advisor Instructions: This is the student's official record of their progress. The student must be 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
BI 4.220	Survey of the Human Body.....	3	<input type="checkbox"/>		
DA 5.453	Dental Pathology/Pharmacology.....	2	<input type="checkbox"/>		
DA 5.461	Dental Radiology I.....	3	<input type="checkbox"/>		
DA 5.462	Dental Radiology II.....	3	<input type="checkbox"/>		
DA 5.463	Dental Radiology III.....	3	<input type="checkbox"/>		
DA 5.484	Dental Materials I.....	3	<input type="checkbox"/>		
DA 5.485	Dental Materials II.....	3	<input type="checkbox"/>		
DA 5.488	Expanded Duties I.....	2	<input type="checkbox"/>		
DA 5.489	Expanded Duties II.....	2	<input type="checkbox"/>		
DA 5.491	Dental Office Records.....	2	<input type="checkbox"/>		
DA 5.492	Dental Office Emergencies.....	2	<input type="checkbox"/>		
DA 5.494	Intro to Dentistry.....	3	<input type="checkbox"/>		
DA 5.495	Clinical Practice.....	4	<input type="checkbox"/>		
DA 5.496	Dental Specialties.....	3	<input type="checkbox"/>		
DA 5.497	Dental Health Education.....	1	<input type="checkbox"/>		
DA 5.498	Dental Health/Nutrition.....	1	<input type="checkbox"/>		
DA 5.500	Dental Anatomy/Histology.....	2	<input type="checkbox"/>		
DA 5.501	Dental Infection Control & Sterilization.....	2	<input type="checkbox"/>		
DA 5.510	Office Practicum.....	8	<input type="checkbox"/>		
DA 5.515	Office Practicum Seminar.....	2	<input type="checkbox"/>		
DA 5.525	Intermediate Dental Assisting.....	1	<input type="checkbox"/>		
DA 5.550	Human Relations in Dentistry.....	2	<input type="checkbox"/>		

### 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 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