

NAME _____

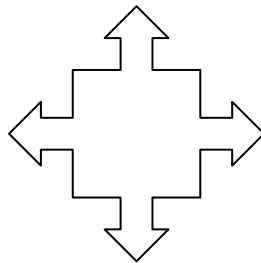
LBCC GRADUATION WORKSHEET 2007-2008 ID.NO _____

CERTIFICATE Two Year

Diagnostic Imaging

C2 5223

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 <input type="checkbox"/> Denied <input type="checkbox"/>
_____ Registrar	_____ Date		C2 5222 WE

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. CHANGES MUST ALSO BE APPROVED BY DIVISION DIRECTOR OR DEAN

		Credits	Waivers/ Substitutions	Advisor Initials	Date Approved
OA2.616	Job Success Skills	1	<input type="checkbox"/>	_____	_____
RT5.750	Fundamentals of Diagnostic Imaging	2	<input type="checkbox"/>	_____	_____
RT5.755	Radiographic Procedures & Posit/LabI	2	<input type="checkbox"/>	_____	_____
RT5.756	Radiographic Procedures & Posit/LabII	2	<input type="checkbox"/>	_____	_____
RT5.757	Radiographic Procedures & Posit/LabIII	2	<input type="checkbox"/>	_____	_____
RT5.758	Radiographic Procedures & Posit/LabIV	2	<input type="checkbox"/>	_____	_____
RT5.759	Radiographic Procedures & Posit/LabV	4	<input type="checkbox"/>	_____	_____
RT5.765	Clinical Radiography I.....	11	<input type="checkbox"/>	_____	_____
RT5.766	Clinical Radiography II.....	11	<input type="checkbox"/>	_____	_____
RT5.767	Clinical Radiography III.....	11	<input type="checkbox"/>	_____	_____
RT5.768	Clinical Radiography IV.....	11	<input type="checkbox"/>	_____	_____
RT5.771	Principles of Exposure	3	<input type="checkbox"/>	_____	_____
RT5.775	Culture Competence I Health Occupations	2	<input type="checkbox"/>	_____	_____
RT5.777	Radiation Biology	3	<input type="checkbox"/>	_____	_____
RT5.779	Radiation Protection	3	<input type="checkbox"/>	_____	_____
RT5.783	Radiographic Equipment & Maintenance	3	<input type="checkbox"/>	_____	_____
RT5.786	Radiographic Pathology	3	<input type="checkbox"/>	_____	_____
RT5.791	Radiation Physics.....	3	<input type="checkbox"/>	_____	_____
RT5.796	Pharmacology	2	<input type="checkbox"/>	_____	_____
RT5.799	Radiological Tech Comprehensive Review	3	<input type="checkbox"/>	_____	_____

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