

NAME _____

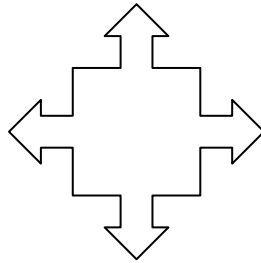
LBCC GRADUATION WORKSHEET 2008-2009 ID.NO _____

CERTIFICATE One Year

Emergency Medical Technician

C1 5298

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		C1 5298 HH

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
BI 231	Human Anatomy & Physiology.....	5	<input type="checkbox"/>	_____	_____
BI 232	Human Anatomy & Physiology.....	5	<input type="checkbox"/>	_____	_____
BI 233	Human Anatomy & Physiology.....	5	<input type="checkbox"/>	_____	_____
EM 5.801	Intro to EMS.....	3	<input type="checkbox"/>	_____	_____
EM 5.810	EMT Basic: Part A.....	3	<input type="checkbox"/>	_____	_____
EM 5.811	EMT Basic: Part B.....	3	<input type="checkbox"/>	_____	_____
EM 5.812	EMT Basic: Part C.....	4	<input type="checkbox"/>	_____	_____
EM 5.820	Emergency Comm & Patient Trans	3	<input type="checkbox"/>	_____	_____
EM 5.825	EMT Rescue.....	3	<input type="checkbox"/>	_____	_____
EM 5.830	Crisis Intervention	3	<input type="checkbox"/>	_____	_____
MO 5.630	Medical Term & Body Systems I.....	3	<input type="checkbox"/>	_____	_____
MTH 065	Elementary Algebra	4	<input type="checkbox"/>	_____	_____
PSY 101	Psychology & Human Relations.....	3	<input type="checkbox"/>	_____	_____
WR 121	English Composition	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