

NAME \_\_\_\_\_

LBCC Graduation Worksheet 2009 - 2010 ID.NO. \_\_\_\_\_

**Associate of Applied Science**

**Diagnostic Imaging**

**AAS 5223**

**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  \_\_\_\_\_

**Speech**  
SP100 Intro to Speech Communication  
SP 111 Fundamentals of Speech  
SP 112 Introduction to Persuasion  
SP 218 Interpersonal Communication..... 3  \_\_\_\_\_

**Mathematics**  
MTH 111 College Algebra ..... 5  \_\_\_\_\_

**Health & PE** (select 3 credits)  
HE 112 Emergency First Aid (1)  
HE 125 Occupational Safety & Health (3)  
HE 225 Social & Individual Health Determinants (3)  
HE 252 First Aid (3)  
HE 261 CPR (1)  
PE 180 Activity Courses (1)  
PE 185 Activity Courses (1)  
PE 190 Activity Courses (1)  
PE 231 Lifetime Health & Fitness (3cr) ..... 3  \_\_\_\_\_

**Perspectives**  
Science, Technology & Society ..... 3  (Other courses may substitute) \_\_\_\_\_  
Cultural Diversity & Global Awareness (see catalog page 170).... 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 5223A		

**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. CHANGES MUST ALSO BE APPROVED BY DIVISION DIRECTOR OR DEAN**

		Credits	Waivers/ Substitutions	Advisor Initials	Date Approved
RT5.750	Fundamentals of Diagnostic Imaging .....	2	<input type="checkbox"/>	_____	_____
RT5.755	Radiographic Procedures Chest/Abdomen .....	3	<input type="checkbox"/>	_____	_____
RT5.756	Radiographic Procedures Extremities/Spine .....	5	<input type="checkbox"/>	_____	_____
RT5.758	Radiographic Procedures Skull & Review .....	5	<input type="checkbox"/>	_____	_____
RT5.759	Radiographic Procedures Fluoroscopy.....	2	<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	Exposure I .....	3	<input type="checkbox"/>	_____	_____
RT5.772	Exposure II .....	3	<input type="checkbox"/>	_____	_____
RT5.773	Exposure III.....	2	<input type="checkbox"/>	_____	_____
RT5.775	Patient Care in Radiologic Sciences.....	2	<input type="checkbox"/>	_____	_____
RT5.777	Radiation Biology .....	3	<input type="checkbox"/>	_____	_____
RT5.779	Radiation Protection .....	3	<input type="checkbox"/>	_____	_____
RT5.780	Basic Principles of Computed Tomography .....	1	<input type="checkbox"/>	_____	_____
RT5.786	Radiographic Pathology .....	3	<input type="checkbox"/>	_____	_____
RT5.791	Radiation Production & Characteristics .....	3	<input type="checkbox"/>	_____	_____
RT5.798	Radiological Tech Comprehensive Review I.....	1	<input type="checkbox"/>	_____	_____
RT5.799	Radiological Tech Comprehensive Review II.....	2	<input type="checkbox"/>	_____	_____

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