

NAME _____

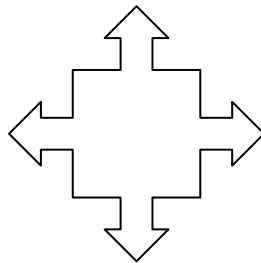
LBCC GRADUATION WORKSHEET 2009-2010 ID.NO _____

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 must 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 5222A BH	

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

Official Use		Credits	Waivers/ Substitutions	Advisor Initials	Date Approved
<input type="checkbox"/>	OA2.616	Job Success Skills.....	1	<input type="checkbox"/>	_____
<input type="checkbox"/>	RT5.750	Fundamentals of Diagnostic Imaging.....	2	<input type="checkbox"/>	_____
<input type="checkbox"/>	RT5.755	Radiographic Procedures Chest/Abdomen.....	3	<input type="checkbox"/>	_____
<input type="checkbox"/>	RT5.756	Radiographic Procedures Extremities/Spine.....	5	<input type="checkbox"/>	_____
<input type="checkbox"/>	RT5.758	Radiographic Procedures Skull & Review.....	5	<input type="checkbox"/>	_____
<input type="checkbox"/>	RT5.759	Radiographic Procedures Fluoroscopy.....	2	<input type="checkbox"/>	_____
<input type="checkbox"/>	RT5.765	Clinical Radiography I.....	11	<input type="checkbox"/>	_____
<input type="checkbox"/>	RT5.766	Clinical Radiography II.....	11	<input type="checkbox"/>	_____
<input type="checkbox"/>	RT5.767	Clinical Radiography III.....	11	<input type="checkbox"/>	_____
<input type="checkbox"/>	RT5.768	Clinical Radiography IV.....	11	<input type="checkbox"/>	_____
<input type="checkbox"/>	RT5.771	Exposure I.....	3	<input type="checkbox"/>	_____
<input type="checkbox"/>	RT5.772	Exposure II.....	3	<input type="checkbox"/>	_____
<input type="checkbox"/>	RT5.773	Exposure III.....	2	<input type="checkbox"/>	_____
<input type="checkbox"/>	RT5.775	Patient Care in Radiologic Sciences.....	2	<input type="checkbox"/>	_____
<input type="checkbox"/>	RT5.777	Radiation Biology.....	3	<input type="checkbox"/>	_____
<input type="checkbox"/>	RT5.779	Radiation Protection.....	3	<input type="checkbox"/>	_____
<input type="checkbox"/>	RT5.780	Basic Principles of Computed Tomography.....	1	<input type="checkbox"/>	_____
<input type="checkbox"/>	RT5.786	Radiographic Pathology.....	3	<input type="checkbox"/>	_____
<input type="checkbox"/>	RT5.791	Radiation Production & Characteristics.....	3	<input type="checkbox"/>	_____
<input type="checkbox"/>	RT5.796	Drug Names & Classifications.....	3	<input type="checkbox"/>	_____
<input type="checkbox"/>	RT5.798	Radiological Tech Comprehensive Review I.....	1	<input type="checkbox"/>	_____
<input type="checkbox"/>	RT5.799	Radiological Tech Comprehensive Review II.....	1	<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