

NAME _____

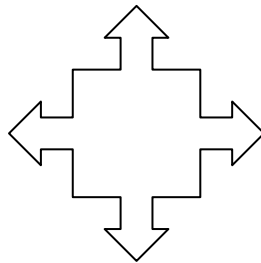
LBCC GRADUATION WORKSHEET 2009-2010 ID.NO _____

CERTIFICATE

Polysomnography Technology

C 5235A

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		C5235A 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"/>	PSG 102	Basic Polysomnography	5	<input type="checkbox"/>	_____
<input type="checkbox"/>	PSG 103	Therapeutic Modalities I.....	5	<input type="checkbox"/>	_____
<input type="checkbox"/>	PSG 204	Clinical Sleep Disorders	4	<input type="checkbox"/>	_____
<input type="checkbox"/>	PSG 205	Advanced Polysomnography	5	<input type="checkbox"/>	_____
<input type="checkbox"/>	PSG 207	Therapeutic Modalities II.....	2	<input type="checkbox"/>	_____
<input type="checkbox"/>	PSG 208	Prep for RPSGT Exam.....	2	<input type="checkbox"/>	_____
<input type="checkbox"/>	PSG 211	Fundamentals of Sleep Monitoring Equipment.....	5	<input type="checkbox"/>	_____
<input type="checkbox"/>	PSG 215	Polysomnography Scoring & Analysis.....	5	<input type="checkbox"/>	_____
<input type="checkbox"/>	PSG 221	Current topics in Sleep Medicine	1	<input type="checkbox"/>	_____
<input type="checkbox"/>	PSG 297	Polysomnography Practicum.....	9	<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