ADVISEMENT CHECKLIST

Semester Hours

Healthcare

Student Name:				Year:				
Phone:						Official	Unofficial	
College/Institution:								
Degree Type						-		•
Accreditation type:						•		
Date earned Overall GPA:		•				=		Overall GPA
Science GPA								
	I					ı		
Course title	College / University	Dept	Course no.	Credit hrs	Semester or Quarter	Term and Year taken	Sem hrs = (1	Grade Total pts
Biological Sciences	Offiversity	Борг	Course no.	Orcali 1113	Quarter	rear taken	qu iii x 0.01)	Grade Total pis
Total hrs								
Chemical Sciences								
-								
Total hrs Mathematics								
Mathematics								
Total hrs								
	l			•	•			•
Total pts / total grade								
						Page 1		

Application year:							
Student Name:							_
Total Bio & Chem	16 sem; 24 C						
Biological credit hours -	Met Not Met						
Chemical credit hours -	Met	Not Met		Expected da	ite of comple	tion	
At least one chemistry course TitleTerm		pleted withi	n last 7 year	rs?	Yes	No	_
At least one biology cours Course TitleTerm		eted within I	last 7 years?	•	Yes	No	_
At least one microbiology	No	_					
Course Title _Term _ `	Y r						
Immunology course - take	n as separate	course or	part of micro	biology cou	rse?	Yes	No
Course TitleTerm	Yr						
Anatomy/Physiology - con	npleted?	Yes		No	_		
Statistics - completed?		Yes	<u>.</u> .	No	_		
Organic chemistry or Biod	hemistry con	pleted?	Yes	No			
					_		
GPA overall:	_(2.75 min.)	Acceptable			Not Acceptable	!	_
GPA Science:	_(2.75 min.)	Acceptable			Not Acceptable		_
TOEFL scores	(computer, at l	east 213)	(onl	ine - 80 total,	at least 18 p	er section);	
	Acceptable _	Not	Acceptable _	or no	t required		
Foreign transcript if yes, Recvd evaluation f	Yes rom approved	No Evaluator?	Yes	No			
,,	• • •			Not Acceptable	_		
Minimum academic requirm	ents - Met		Not Met		_	-	
References sent/received	(1) (2)) (3)	Essay sent/	received -		-	
Comments/ Recommenda	tions:					-	
						-	

Page 2