

## **GRADUATE APPLICATION**

Associate of Applied Science in Radiologic Sciences (AAS) #358A – 114 credits (Revised 03/2020)

- Step 1. Meet with your academic advisor for initial review and signature.
- Step 2. **Submit within 30 days of Advisor signature** and with **\$10 application fee** to cashier's office for an unlimited number of applications during the academic year.
- Step 3. Make a copy for your records.
- Step 4. Expect an email verification that your listed plan meets official graduation requirements.

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<b>STUDENT INFORMATION</b> SELECT THE QUARTER YOU PLAN TO NAME AS YOU WISH IT TO APPEAR						Spring	of Year		
			Lasen	ame mase mater your	STUDENT	ID#			
MAILING ADDRESS (Address, City, S	State, Zip):				51002111				
REQUESTING HIGH SCHOOL DIPLOM	1A: TYes T	No PH	I THETA	KAPPA MEMBER ☐ Y	es No (For listin	g in Com	menceme	ent only)	
		_		_		0		,,	
<b>INSTRUCTIONS</b> : Place a checkmark by courses you have completed toward th	is certificate. I	n the "Proj	ected Cre	edits," write in the course	s you are currently en	rolled in	that are r	equired	
to complete this certificate. <i>If you have</i> <i>must initial the change</i> . If you are usin									
appears on your evaluated transcript.					ourse name, number,	and cred	iit amoun	t as it	
appears on your evaluated transcript.	race an astern	( ) Desid	c cacii ti	ansierrea course.					
COLLEGE/UNIVERSITY NAME COLLEGE/UNIVERSITY NAME		NAME	COLLEGE/UNIVERSITY NAME						
PROGRAM INCLUDES 7 HOURS OF	HIV/AIDC/BI		NE DATI	JOCENIC TRAINING					
PROGRAM INCLUDES / HOURS OF	HIV/AID3/BL	ОООВОКІ	NE PAIR	IUGENS IRAINING					
REQUIRED COURSES FOR RADIOLO	GIC SCIENCE	6 (114)							
COURSE	CREDI	GRADE	QTR	COURSE		CREDIT	GRADE	QTR	
RT 110	3			RT 141		1			
RT 111	1			RT 150		6			
RT 116	2			RT 151		6			
RT 117	1			RT 220		2			
RT 120	3			RT 230		3			
RT 121	1			RT 231		4			
RT 122	4			RT 232		2			
RT 130	3			RT 240		3			
RT 131	2			RT 246		5			
RT 132	3			RT 250		16			
RT 133	2			RT 251		12			
RT 134	2			RT 252		8			
RT 135	2			RT 253		8			
RT 136	4			RT 259		1			
RT 140	2			RT 260		2			
						1			
DEGREE TOTAL CREDITS 114 EARNED	CREDITS		PR	OJECTED CREDITS	TOTAL CRI	EDITS _			
You must inform the Registration offic	e and Academ	ic Advisor	of all cha	nges you make in your p	rojected schedule. No	t followi	ng this pla	an may	
delay your graduation.									
ADVISOR AND STUDENT SIGNATUI	RES								
Printed Advisor Name		Date							
Advisor Signature (Initial Review Completed)						Date			
X									
Student Signature						Date			

Yakima Valley College does not discriminate against any person on the basis of race, color, national origin, disability, sex, genetic information, or age in admission, treatment, or participation in its programs, services and activities, or in employment. All inquiries regarding compliance should be directed to the Executive Director of Human Resource Services, YVC, South 16th Ave. & Nob Hill Blvd., Yakima, WA 98902; or call 509.574.4670.

DO NOT WRITE IN THIS SECTION - FOR OFFICE USE ONLY										
REQUESTING HIGH SCH	OOL DIPLOMA		HIGH SCHOOL DIPLOMA POSTED	HIGH SCHOOL DIPLOMA MAILED						
SM5001	SM6015	FINAL GPA	SM6009 (POSTED TO TRANSCRIPT)							