## ADVISEMENT CHECKLIST

Semester Hours

Healthcare

Student Name:					:	Year: Official	Unofficial	<del></del>
Phone:						Official	Onomiciai	
College/Institution:								
Degree Type		•				-		
Accreditation type:						-		0 "004
Date earned Overall GPA:						-		Overall GPA
Science GPA		•				=		
•								
	College /				Semester or	Term and	Sem hrs = (1	
Course title	University	Dept	Course no.	Credit hrs	Quarter	Year taken	qtr hr x 0.67)	Grade Total pts
Biological Sciences								
Total hrs								
Chemical Sciences								
				1				
Total hrs								
Mathematics								
Total hrs								
TOTAL NES								
Total pts / total grade								
rotal plo / total grade						<b>D</b> 4		

Application year:							
Student Name:							_
Total Bio & Chem	16 sem; 24 Q	tr road					
Biological credit hours -		Expected de	ate of comple	tion			
Chemical credit hours -	Met Not Met			Expected da			
At least one chemistry cou Course TitleTerm	rse was com				Yes	No	_
At least one biology course Course Title Term Y	e was comple	ted within	last 7 years?	•	Yes	No	_
At least one microbiology		ompleted w	ithin last 7	vears?	Yes	No	
Course TitleTerm Y				,		-	_
Immunology course - taker		course or i	nart of micro	hiology cou	ırse?	Yes	No
Course TitleTerm	_	oou.oo o. ,	part or illion	, a.o.ogy coo			
Anatomy/Physiology - com	pleted?	Yes	<u>-</u> .	No	_		
Statistics - completed?		Yes	_	No	_		
Organic chemistry or Biocl	hemistry com	pleted?	Yes	No	_		
GPA overall:	(2.75 min.)	Acceptable			Not Acceptable	e	_
GPA Science:	(2.75 min.)	Acceptable			Not Acceptable		_
TOEFL scores(	computer, at le	east 213)	(on	ine - 80 total	, at least 18 p	er section);	
	Acceptable _	Not	Acceptable _	or no	ot required		
Foreign transcript if yes, Recvd evaluation fr	Yes om approved I	No Evaluator?	Yes	No			
	A	cceptable		Not Acceptable		_	
Minimum academic requirme	ents - Met		Not Met		_		
References sent/received	(1) (2)	(3)	Essay sent	received -		_	
Comments/ Recommendat	ions:					_	

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