



**\$10 APPLICATION FEE \***  
**(AAS) Associate of Applied Science in**  
**RADIOLOGIC TECHNOLOGY**  
 # 358A revised 12/9/16

CIRCLE THE QUARTER YOU PLAN TO COMPLETE THIS DEGREE Summer    Fall    Winter    Spring    Year _____				YVCC COLLEGE LEVEL GPA	
NAME AS YOU WISH IT TO APPEAR ON YOUR DIPLOMA			STUDENT ID #		
MAILING ADDRESS		CITY	STATE	ZIP	

PHI THETA KAPPA MEMBER      (For "Commencement Brochure" notation only)

Transfer credits were used to meet the degree requirements. Institution(s) listed here, photocopy of transcript(s) attached.

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**INSTRUCTIONS:** On the following list indicate the courses you have already completed by writing in the grade received. For courses you are currently enrolled in and the courses you anticipate enrolling in write in the abbreviation for the quarter, ie, F, W, Sp, Su in the grade column. If you have permission to substitute a course, write in the new class number beside the one listed. Your advisor must initial the change. If you are using transferred credits toward degree requirements, list the course name, number, and credit amount as it appears on your evaluated transcript. Place an asterisk (\*) beside each transferred course. A cumulative 2.5 GPA is required for graduation.

COURSE	CR	GRADE	COURSE	CR	GRADE	
BIOL 230	5	_____	RT 135	2	_____	
BIOL 231	5	_____	RT 136	4	_____	
RT 246	5	_____	RT 140	2	_____	
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	3	_____	RT 232	2	_____	Program included 7 hours of Aids Education and Training
RT 123	1	_____	RT 240	3	_____	
RT 130	3	_____	RT 250	13	_____	
RT 131	2	_____	RT 251	13	_____	
RT 132	3	_____	RT 252	11	_____	
RT 133	2	_____	RT 253	7	_____	
RT 134	2	_____	RT 259	1	_____	Earned Cr _____
			RT 260	2	_____	Project Cr _____
						Total Cr _____

I understand that I must keep the Graduation Evaluator and my Advisor informed of any changes in my graduation status and changes in my course selection.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Advisor Signature	Date
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<i>DO NOT WRITE IN THIS SECTION, IT IS FOR OFFICE USE ONLY</i>			
SM5001 _____	SM6015 _____	SM5017 (projected credits) _____	Evaluated By: _____
SM6015 (end of qtr grades) _____	Final GPA _____	SM6009 (posted to transcript) _____	
Degree Prepared _____	Degree Proofed _____	Degree Mailed _____	

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*\*The \$10 fee is an annual fee for processing an unlimited number of certificate or degree applications each academic year.*