



\$10 APPLICATION FEE *
(AAS) Associate of Applied Science in
BILINGUAL MEDICAL OFFICE ASSISTANT

565B **revised 10/13/17**

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. _____

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 changes.** 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 2.00 GPA is required for graduation.

COURSE	CR	GRADE	COURSE	CR	GRADE	
AH 110	5	_____	BT 272	5	_____	
AH 119	5	_____	BT 273	5	_____	TOTAL DEGREE
AH 120	5	_____	BT 274	5	_____	CREDITS 108
AHBA 101	3	_____	BT 290/291/292/293	2	_____	
AHBA 102	2	_____	IT 102	2	_____	
AHBA 121	3	_____	IT 111	2	_____	
AHBA 133	3	_____	IT 115	2	_____	
BA 138	5	_____	IT 120	2	_____	
BT 100	2	_____	NATIVE SPANISH SPEAKERS			Earned Cr _____
BT 102	5	_____	SPAN 231	5	_____	
BT 130	5	_____	SPAN 232	5	_____	Project Cr _____
BT 131	5	_____	SPAN 233	5	_____	
BT 132	5	_____	OR NATIVE ENGLISH SPEAKERS			Total Cr _____
BT 140	5	_____	SPAN 201 *	5	_____	
BT 170	5	_____	SPAN 202 *	5	_____	
BT 260	5	_____	SPAN 203 *	5	_____	

* These course are currently unavailbe at YVC. At this time, these classes are available online at Lower Columbia Coummunity College. Check WAOL for current information.

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 _____	SM501(projected credits) _____	Evaluate by _____
SM6015 (end of qtr grades) _____	Final GPA _____	SM6009 (posted to transcript) _____	
Certificate Prepared _____	Certificate Proofed _____	Certificate 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.