	KIMA			GRADUATE APPLICATION				
	LLEY			Associate of	Applied Sc	ience Bus	iness Tech	nology Medical Office Assistant #565
	LLEGE							100 credits (Revised 10/31/22)
Step 2. Submit w the academic yea Step 3. Make a co	/ithin 30 days (ir. opy for your re	of Advisor s	signature	eview and signature and with \$10 applic plan meets official g	ation fee to			unlimited number of applications during
STUDENT INFORM	MATION							
SELECT THE QUAR	RTER YOU PLA	N TO COMP	LETE THIS	S CERTIFICATE:	Summer [Fall	Winter	Spring of Year
NAME AS YOU W	ISH IT TO APPE	AR ON YOU	JR CERTIF	ICATE - Last name n	nust match	your record	s:	
				STUDENT ID #				STUDENT ID #
MAILING ADDRE	SS (Address, C	City, State,	Zip):					
INSTRUCTION	S: If you are u d transcript. F	sing transfo Place an ast	erred cred	dits toward degree	requiremen	its, list cour	se name, n	(For listing in Commencement only) umber, and credit amount as it appears ties below and a photocopy of each
COLLEGE/UNIV	ERSITY NAME		C	COLLEGE/UNIVERSITY NAME COLLE			GE/UNIVERSITY NAME	
the courses you a substitute a cours GPA to obtain a d	anticipate enro se, write in the <u>legree</u>	olling in wr new class r	ite in the number be	abbreviation for th	e quarter, i Your adviso	e, F, W, Sp, or must init	Su in the quial the change	r courses you are currently enrolled in and uarter column. If you have permission to ges. <u>Students must earn a cumulative 2.00</u>
COURSE	CREDIT	GRADE		COURSE		GRADE	QTR	
BT 100	2	GRADE	QIN	AH 120	5	GRADE	QIN	DEGREE TOTAL CREDITS 100
BT 100	5			AH 120 AHBC 101	3			-
BT 102 BT 130	5			AHBC 101 AHBC 102	2			EARNED CREDITS
BT 130	5			AHBC 102	3			
BT 132	5	_		AHBC 133	3	_		PROJECTED CREDITS
BT 140	5			BA 138	5			
BT 170	5	_		BA 158	5	_		TOTAL CREDITS
BT 260	5			IT 102	2			1
BT 270	5	-1		IT 102	2	-1		40 WPM Competency
BT 272	5		1	IT 115	2			1
BT 274	5	1		IT 120	2			
AH 110	5			IT 222	2			1
AH 119	5	1			1	1		

ADDITIONAL COURSES FOR BT BILINGUAL ADMINISTRATIVE OFFICE ASSISTANT Choose 2 credits from the following: BT 290, 291, 292, 293. CREDIT GRADE COURSE CREDIT GRADE QTR COURSE QTR

			_
You must inform the Re	egistration office and Academic Advisor of all changes you m	nake in your projected schedule. No	ot following this plan may delay your
graduation.			

ADVISOR AND STUDENT SIGNATURES

Printed Advisor Name	Date
Advisor Signature (Initial Review Completed)	Date
X	
Student Signature	Date
X	

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

HIGH SCHOOL DIPLOMA POSTED HIGH SCHOOL DIPLOMA MAILED ____ REQUESTING HIGH SCHOOL DIPLOMA SM5001 SM6015 FINAL GPA ____ SM6009 (POSTED TO TRANSCRIPT) _