



- 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.

STUDENT INFORMATION

SELECT THE QUARTER YOU PLAN TO COMPLETE THIS CERTIFICATE: Summer Fall Winter Spring of Year _____

NAME AS YOU WISH IT TO APPEAR ON YOUR CERTIFICATE - Last name must match your records: _____ STUDENT ID # _____

MAILING ADDRESS (Address, City, State, Zip): _____

REQUESTING HIGH SCHOOL DIPLOMA: Yes No PHI THETA KAPPA MEMBER Yes No (For listing in Commencement only)

INSTRUCTIONS: if you are using transferred credits toward degree requirements, list course name, number, and credit amount as it appears on your evaluated transcript. Place an asterisk (*) beside each transferred course. List colleges/universities below and a photocopy of each evaluated transcript must be attached.

COLLEGE/UNIVERSITY NAME	COLLEGE/UNIVERSITY NAME	COLLEGE/UNIVERSITY NAME

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 quarter 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. Students must earn a cumulative 2.00 GPA to obtain a degree

REQUIRED COURSES FOR BUSINESS TECHNOLOGY BILINGUAL MEDICAL OFFICE ASSISTANT

COURSE	CREDIT	GRADE	QTR	COURSE	CREDIT	GRADE	QTR
AH 110	5			BT 131	5		
AH 119	5			BT 132	5		
AH 120	5			BT 140	5		
AHBC 101	3			BT 170	5		
AHBC 102	2			BT 260	5		
AHBC 121	3			BT 272	5		
AHBC 133	3			BT 274	5		
BA 138	5			IT 102	2		
BT 100	2			IT 111	2		
BT 102	5			IT 115	2		
BT 130	5			IT 120	2		

DEGREE TOTAL CREDITS 108

EARNED CREDITS _____

PROJECTED CREDITS _____

TOTAL CREDITS _____

40 WPM Competency

ADDITIONAL COURSES FOR BT BILINGUAL MEDICAL OFFICE ASSISTANT Choose 1 from the following:

COURSE	CREDIT	GRADE	QTR	COURSE	CREDIT	GRADE	QTR
BT 273	5			BA 154	5		

ADDITIONAL COURSES FOR BT BILINGUAL MEDICAL OFFICE ASSISTANT Choose 2 credits from the following: BT 290, 291, 292, 293.

COURSE	CREDIT	GRADE	QTR	COURSE	CREDIT	GRADE	QTR

ADDITIONAL COURSES FOR BT BILINGUAL MEDICAL OFFICE ASSISTANT If Native Spanish Speaker – choose these 3 classes.

COURSE	CREDIT	GRADE	QTR	COURSE	CREDIT	GRADE	QTR
SPAN 231	5			SPAN 232	5		
SPAN 233	5						

ADDITIONAL COURSES FOR BT BILINGUAL MEDICAL OFFICE ASSISTANT If Native English Speaker – choose these 3 classes.

COURSE	CREDIT	GRADE	QTR	COURSE	CREDIT	GRADE	QTR
SPAN 201	5			SPAN 202	5		
SPAN 203	5						

You must inform the Registration office and Academic Advisor of all changes you make in your projected schedule. Not following this plan may delay your graduation.

ADVISOR AND STUDENT SIGNATURES

Printed Advisor Name	Date
Advisor Signature (Initial Review Completed) X	Date
Student Signature X	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 SCHOOL DIPLOMA _____ HIGH SCHOOL DIPLOMA POSTED _____ HIGH SCHOOL DIPLOMA MAILED _____
 SM5001 _____ SM6015 _____ FINAL GPA _____ SM6009 (POSTED TO TRANSCRIPT) _____