

**SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY APPLICANT PREREQUISITE COURSE & DEGREE CHECKLIST**

**Applicant Name:**       **Date:**

**Prerequisite Course Checklist**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  **Prerequisite Courses**(All courses must be completed or in-progress by January/to be completed by May) |  Course Title | CourseNumber |  YearCompleted | Credit Hours | Grade |  College where course taken |
| Anatomy & Physiology I |       |       |       |       |       |       |
| Anatomy and Physiology II |       |       |       |       |       |       |
| General Physics I |       |       |       |       |       |       |
| College Algebra |       |       |       |       |       |       |
| English Composition |       |       |       |       |       |       |
| Medical Terminology |       |       |       |       |       |       |

A grade of "C" or higher in each course and a GPA of 2.5 or higher is required for these courses.

**Degree/Certificate Checklist**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Completion of Bachelor’s Degree  | Name of Institution      |  Date Completed      |  Degree earned      | Final GPA\*      |

 ***OR***

|  |  |  |
| --- | --- | --- |
| Enrolled in \*\*Sonography Academic Affiliate 3+1.5 Bachelor’s Degree program | Name of Institution      | Current GPA\*      |

 ***OR***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Completion of Associate Degree AND completion of Certificate in 2-year patient care related Allied Health Education program  | Name of Institution      |  Date Completed      |  Degree or Certificate earned      | Final GPA\*      |

\*A degree GPA of 2.5 or higher is required.

\*\*Diagnostic Medical Sonography Academic Affiliate institutions for 3+1.5 Bachelor’s Degree program are: Benedictine University, Elmhurst College, Lewis University, and Roosevelt University.

**OFFICIAL TRANSCRIPTS FROM ALL COLLEGES AND UNIVERSITIES ATTENDED ARE REQUIRED BY MARCH 1.**

**PLEASE REQUEST OFFICIAL E-TRANSCRIPTS SENT TO:** **SCHOOLS@NM.ORG**

**OR REQUEST OFFICIAL TRANSCRIPTS MAILED TO:**

**NM CLINICAL SCHOOLS, 541 N FAIRBANKS COURT, SUITE 950, CHICAGO, IL 60611**

**FOREIGN TRANSCRIPT EVALUATION BY EDUCATIONAL CREDENTIAL EVALUATORS, INC. IS REQUIRED FOR COURSES TAKEN OUTSIDE THE US. DEGREE AND PREREQUISITE COURSE EQUIVALENCIES MUST BE DOCUMENTED.**