**SCHOOL OF RADIATION THERAPY APPLICANT PREREQUISITE COURSE & DEGREE CHECKLIST**



**Applicant Name:**       **Date:**

**Prerequisite Course Checklist**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Prerequisite Courses**  (All courses must be completed or in- progress to be completed by May) | Course Title | Course  Number | Year  Completed | Credit Hours | Grade | College where course taken |
| Human Anatomy & Physiology I  with a lab\* |  |  |  |  |  |  |
| Human Anatomy and Physiology II  with a lab\* |  |  |  |  |  |  |
| Precalculus Mathematics\* |  |  |  |  |  |  |
| Written Communication |  |  |  |  |  |  |
| Verbal Communication |  |  |  |  |  |  |
| General Physics I\* |  |  |  |  |  |  |
| General Physics II\* |  |  |  |  |  |  |
| Computer Science (list course  demonstrating competency) |  |  |  |  |  |  |
| Research Methodology (list course in  which you completed research project) |  |  |  |  |  |  |

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

\*Course work must be completed within the last 7 years.

**Degree Checklist**

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

***OR***

|  |  |  |
| --- | --- | --- |
| Enrolled in \*\*\*Radiation Therapy Academic Affiliate 3+1 Bachelor’s Degree program | Name of Institution | Current GPA\*\* |

***OR***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Completion of Associate Degree in Radiologic Technology | Name of Institution | Date  Completed | Degree earned | Final GPA\*\* |

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

\*\*\*Radiation Therapy Academic Affiliate institutions for 3+1 Bachelor’s Degree program are: Benedictine University, Elmhurst College, Lewis University, North Central College, and Roosevelt University.

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

**PLEASE REQUEST OFFICIAL E-TRANSCRIPTS SENT TO:** [**SCHOOLS@NM.ORG**](mailto: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.**