

**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 University, 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 (ECE) IS REQUIRED FOR COURSES TAKEN OUTSIDE THE US. DEGREE AND PREREQUISITE COURSE EQUIVALENCIES MUST BE DOCUMENTED.