**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/University where course taken |
| Human Anatomy & Physiology I  with lab\* |  |  |  |  |  |  |
| Human Anatomy and Physiology II  with lab\* |  |  |  |  |  |  |
| Precalculus Mathematics\* |  |  |  |  |  |  |
| General Physics I with lab\* |  |  |  |  |  |  |
| General Physics II with lab\* |  |  |  |  |  |  |
| Written Communication |  |  |  |  |  |  |
| Verbal Communication |  |  |  |  |  |  |
| 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 University, 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 (ECE) IS REQUIRED FOR COURSES TAKEN OUTSIDE THE US. DEGREE AND PREREQUISITE COURSE EQUIVALENCIES MUST BE DOCUMENTED.