**SCHOOL OF RADIOGRAPHY APPLICANT PREREQUISITE COURSE & DEGREE CHECKLIST**



**Applicant Name:**       **Date:**

**Prerequisite Course Checklist**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Prerequisite Courses**  (All courses must be completed prior to August 31st) | Course Title | Course  Number | Year  Completed | Credit Hours | Grade | College where course taken |
| Human Anatomy & Physiology I\* |  |  |  |  |  |  |
| Human Anatomy and Physiology II\* |  |  |  |  |  |  |
| College Algebra or higher Math  or Statistics\* |  |  |  |  |  |  |
| Medical Terminology\* |  |  |  |  |  |  |
| Written Communication |  |  |  |  |  |  |
| Oral Communication |  |  |  |  |  |  |

A grade of "C" or higher in each course and a GPA of 2.7 or higher is required for these courses.

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

**Degree Checklist**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Completion of Associate Degree or higher | Name of Institution | Date  Completed | Degree earned | Final GPA\*\* |

***OR***

|  |  |  |
| --- | --- | --- |
| Enrolled in  \*\*\*Radiography Academic Affiliate 2+2 Bachelor’s Degree program | Name of Institution | Current GPA\*\* |

\*\*Overall GPA of 2.7 or higher is required (tabulation is based on all colleges attended).

\*\*\*Radiography Academic Affiliate institutions for 2+2 Bachelor’s Degree program are: Lewis University, Roosevelt University, and University of Saint Francis.

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