

## Radiologic Sciences Prerequisite Self Evaluation Form

Name:

Date:

| Prerequisite Course  | School | Course Number | Course Title | Units (ex. 3) | Term Completed | Grade |
|--|--------|---------------|--------------|---------------|----------------|-------|
| Anatomy and Physiology I                                   |        |               |              |               |                |       |
| Anatomy and Physiology I Lab                               |        |               |              |               |                |       |
| Anatomy and Physiology II                                  |        |               |              |               |                |       |
| Anatomy and Physiology II Lab                              |        |               |              |               |                |       |
| General Biology I & Lab                                    |        |               |              |               |                |       |
| Fundamentals of Chemistry                                  |        |               |              |               |                |       |
| Medical Terminology  |        |               |              |               |                |       |
| Mathematical Methods in the Natural Sciences OR Calculus I |        |               |              |               |                |       |
| Physics I  |        |               |              |               |                |       |
| Physics I Lab  |        |               |              |               |                |       |
| Statistics   |        |               |              |               |                |       |
| <b>Additional Health Sciences Coursework</b>               |        |               |              |               |                |       |
|  |        |               |              |               |                |       |
|  |        |               |              |               |                |       |