| Student's Name Nevised 5/21/13 | Student's Name | Student's ID | Revised 3 | /21 | /1 | 9 |
|--------------------------------|----------------|--------------|-----------|-----|----|---|
|--------------------------------|----------------|--------------|-----------|-----|----|---|



Middlesex Community College Computed Tomography Certificate GRADUATION CHECKLIST

2019-20 CATALOG

| Requirements | Cr | Grade | Semester Taken |
|---|----|-------|-------------------|
| CAT*201/MRI*201: Cross Sectional Anatomy I | 1 | | |
| CAT*202: CT Image Display, Post Processing and Quality Assurance I | 2 | | |
| CAT*203: CT Procedures and Instrumentation I | 2 | | |
| CAT*204: Clinical Experience I | 4 | | |
| CAT*205/MRI*205: Cross Sectional Anatomy II | 2 | | |
| CAT*206: CT Image Display, Post Processing and Quality Assurance II | 3 | | |
| CAT*207: CT Procedures and Instrumentation II | 3 | | |
| CAT*208: Clinical Experience II | 4 | | |
| TOTAL CREDITS | 21 | | |

MIDDLESEX COMMUNITY COLLEGE

Deadline to Apply:
Fall: December 1st

GRADUATION CHECKLIST 2019-2020

| Graduation Year: 20 | | | |
|----------------------------|--|--|--|
| Year of Catalog being used | | | |

Spring/Summer: April 15th

Computed Tomography Certificate

| | | | @ |
|-----------------------------------|--|---------------------|---|
| NAME (First Name, Middle II | nitial/Name is optional, Last Na | me) | BANNER ID |
| | | | |
| STREET ADDRESS | TOWN | ZIP | PHONE# |
| Please note: All graduation cor | respondence will be sent to your o | college assigned em | ail. |
| major will be announced at the | | | ncement brochure and your academic notify the Enrollment Services Office i |
| Other college transfer credits to | o be used? Yes O No O | | |
| From which college? | | | |
| Are they on file at MxCC? Y | es O No O | | |
| Are you applying for more than | one degree? Yes O No O | | |
| If yes, which curriculum? | | | |
| Graduation Requirements: | | | |
| Have been met O Will be me | et at the end of: Fall semester Q | Spring Semester O | Summer Semester O |
| Minimum Required GPA for Gradu | ation is 2.0 Current GPA: | _ | |
| | | | |
| | | | |
| | | | |
| ADVISOR'S SIGNATURE* & D | ATE | STUDENT'S SIGNA | ATURE* & DATE |

Electronic Submissions: This form must be submitted to MX-Registrar@mxcc.edu from student's official college email address.

^{*}Typed name is acceptable for signature.