Student's Name	Student's ID	Revised 8	/11	/20



## Middlesex Community College Ophthalmic Medical Assisting Certificate GRADUATION CHECKLIST

2020/2021 CATALOG

Requirements	Cr	Prerequisite	Grade	Semester Taken
CSC*101: Intro to Computers	3	No Prerequisites		
OMA*101: Introduction to Ophthalmic Medical Assisting	3	Eligible for either ENG*101E or ENG*101.		
OMA*102: Ocular Anatomy, Physiology, and Pathology	3	Eligible for either ENG*101E or ENG*101.		
OMA*103: Ophthalmic Clinical Skills and Procedures	4	Eligible for either ENG*101E or ENG*101.		
OMA*104: Healthcare Policies and Procedures	3	Eligible for either ENG*101E or ENG*101		
TOTAL CREDITS	16			

## **Ophthalmic Medical Assisting Certificate**



Deadline to Apply: GRADUATION CHECKLIST		KLIST	Graduation Year: 20		
Fall: December 1 <sup>st</sup>	all: December 1 <sup>st</sup> 2020-2021		Year of Catalog being used		
Spring/Summer: April 15 <sup>th</sup>					
			@		
NAME (First Name, Middle I	nitial/Name is optional, Last Nam	e)	BANNER ID		
STREET ADDRESS	TOWN	<u></u> ZIP	PHONE#		
Please note: All graduation co	respondence will be sent to your col	lege assigned em	nail.		
academic major will be annour	me and academic major will be print sced at the graduation ceremony if yo sh your information to be printed or	ou choose to atte			
Other college transfer credits t	o be used? Yes O No O				
From which college?					
Are they on file at MxCC?	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 O Sp	oring Semester O	Summer Semester O		
Minimum Required GPA for Gradu	ation is 2.0 Current GPA:				
ADVISOR'S SIGNATURE* & E	NATE C	TUDENT'S SIGN	ATURE* & DATE		

Electronic Submissions: This form must be submitted to <a href="MX-Registrar@mxcc.edu">MX-Registrar@mxcc.edu</a> from student's official college email address.

<sup>\*</sup>Typed name is acceptable for signature.