



Name: _____ Date: _____

Email: _____ Phone: _____

Mailing Address: _____

To receive information about courses you have or are planning to take that may meet equivalency requirements for the Diagnostic Ultrasound Program PREREQUISITES, please submit the following form along with an unofficial copy of the college transcript. The courses thought to be equivalent should be highlighted to help in identification.

You may FAX this information in confidence to Imaging Programs, at (425) 564-4193 or email documents to this address: imagingprograms@bellevuecollege.edu. When emailing transcript, they should be scanned and sent as attachments. ***If you send your worksheet and transcripts to us by mail, we will return the material to you when you include a self-addressed envelope.*** Mail them to Diagnostic Ultrasound Program, A251, Bellevue College, 3000 Landerholm Circle SE, Bellevue WA 98007-6484. Please allow 7-10 working days to receive a reply from our program advisor. ***This completed form should be included with your packet when you apply.***

BC Prerequisite Courses	Course Equivalency Requested: College, Course Title, Credits & Course Number	Course Description from College Catalog	RESULTS – BC Program Advisory
ENGL& 235 Technical Writing <i>previously ENGL 270</i> 5 credits OR ENGL 201 The Research Paper 5 credits			
PHYS& 100 Physics Basic Concepts <i>previously PHYS 106</i> or any higher level Physics class 6 credits (completed within last 5 years)			
PHIL 265 Biomedical Ethics 5 credits			

BIOL& 241 Human Anatomy & Physiology I <i>previously BIOL 260</i> 6 credits with LAB (within last 5 years)			
BIOL& 242 Human Anatomy & Physiology II <i>previously BIOL 261</i> 6 credits with LAB (within last 5 years)			
MATH 099 Intermediate Algebra 5 credits (within last 5 years)			
SOC& 101 Introduction to Sociology <i>previously SOC 110</i> 5 credits			
HPRO 120 Medical Terminology 3 credits			

Notes/Comments: