

Admissions File Review Form

STUDENTS NAME: _____

Audited by: _____

Date admitted to class: _____

Date Audited: _____

Admissions agreement signed and printed for file: YES/NO

Background check completed: YES/NO

Parent Form (optional) filled out: YES/NO

Email activated: YES/NO

Academic pre-requisites: _____ **Met:** YES/NO

Provisional requirements: _____ **Met:** YES/NO

_____ **Met:** YES/NO

Transcript(s) received:

University: _____

Official: YES/NO

Degree received: YES/NO*

University: _____

Official: YES/NO

Date Conferred: _____

University: _____

Official: YES/NO

Degree: _____

University: _____

Official: YES/NO

FINAL: YES/NO

*If 'NO', is 75% of degree completed,
Verified from Registrar: YES/NO

Student contacted/Notes:

Authorizat on for Medical Treatment form: Received and Verified by Student Health Nurse: Yes/NO

Medical History form: Received and Verified by Student Health Nurse: YES/NO

Physical examination form: Received and Verified by Student Health Nurse: YES/NO

Proof of Health Insurance: Received and Verified by Student Health Nurse: YES/NO

Immunization records: Received and Verified by Student Health Nurse. YES/NO

Extended deadline: YES/NO New deadline: _____ **Reason for extension:** _____

Student contacted/Notes:

Approved by Assoc. Dean of Enrollment Management: _____ **Date:** _____

Retain in Student's file.