



Pre-Health Science Audit Request

Lake Michigan College • Records Office
2755 E. Napier Ave. • Benton Harbor, MI 49022
Phone 269-927-8107 • FAX 269-927-6874
Email Records@lakemichigancollege.edu

ARE YOU ALREADY an LPN? *Do not complete this form. Contact the
Program Director for advanced placement.*

- Complete this form to receive a review of your qualifications for a Health Science program before you apply to be placed on the candidacy list for **2016 entry**.
- Results of this audit will **NOT** place your name on the candidacy list.
- You must submit a **Health Science Candidacy List Application** to be considered for candidacy. The application will be available online beginning January 2016.
- Submitting this audit request by **November 7, 2015** will ensure adequate time to adjust your academic plans to meet outstanding requirements.

LMC ID: _____

Name: _____

Daytime Phone: _____

I understand that my results for this audit will be emailed to my Lake Michigan College email account. Initial: _____ Date: _____

Program: (you may choose up to 2 programs)

Nursing	1 st Choice: _____
Radiological Technology	
Magnetic Resonance Imaging	2 nd Choice: _____
Diagnostic Medical Sonography	

Check if you have:

- ☐ Transfer credits (List each college) _____
- ☐ Received Amnesty of Semester
- ☐ Received Course Substitutions, Prior Experiential Learning, AP credits, etc.
- ☐ Recently taken proficiency tests: Test Name: _____ Date taken: _____
Test Name: _____ Date taken: _____

Comments that may help us with your audit:

Signature: _____ Date: _____