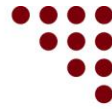




# AMERICAN UNIVERSITY OF HEALTH SCIENCES

## BSPS GENERAL EDUCATION COURSE VERIFICATION FORM



Note: For the course credits to transfer, you must complete and sign the form. In addition, you must provide appropriate course descriptions and/or AP scores on the following classes.

Student Name: (last) \_\_\_\_\_ (first) \_\_\_\_\_ Quarter: \_\_\_\_\_

General Education Course	Course No.	Units	Semester/Year	School Name	Grade	AUHS Course Name	Units	Yrs Allowed To Transfer	Allowed to Transfer
						Chemistry with Lab	6	5	<input type="checkbox"/> Yes <input type="checkbox"/> No
						Anatomy with Lab	4	5	<input type="checkbox"/> Yes <input type="checkbox"/> No
						Physiology with Lab	4	5	<input type="checkbox"/> Yes <input type="checkbox"/> No
						Microbiology with Lab	4	5	<input type="checkbox"/> Yes <input type="checkbox"/> No
						College Algebra/Statistics	4	5	<input type="checkbox"/> Yes <input type="checkbox"/> No
						Calculus	4	5	<input type="checkbox"/> Yes <input type="checkbox"/> No
						English Composition	4	5	<input type="checkbox"/> Yes <input type="checkbox"/> No
						Micro Economics	4	7	<input type="checkbox"/> Yes <input type="checkbox"/> No
						General Psychology	4	7	<input type="checkbox"/> Yes <input type="checkbox"/> No
						Public Speaking	4	7	<input type="checkbox"/> Yes <input type="checkbox"/> No
						Medical Illustration/Art	3	7	<input type="checkbox"/> Yes <input type="checkbox"/> No
						Intro to Sociology	4	7	<input type="checkbox"/> Yes <input type="checkbox"/> No
						Creative Writing	4	7	<input type="checkbox"/> Yes <input type="checkbox"/> No
						Critical Thinking	4	7	<input type="checkbox"/> Yes <input type="checkbox"/> No
						Macro Economics	3	7	<input type="checkbox"/> Yes <input type="checkbox"/> No
						Political Science	4	7	<input type="checkbox"/> Yes <input type="checkbox"/> No
						American/Early US History	4	7	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Transfer by Examination</b>	Pharmacy I, II, III, IV	Are you Nationally Licensed Pharmacy Technician via approved schools: Supporting Documents: <input type="checkbox"/> Yes <input type="checkbox"/> No	21 Units	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Total GE Exempted: \_\_\_\_\_

To better advise you, at BSPS Info Session and a Tue or Thu Consultation. Admissions needs our visitors to bring unofficial transcripts (preferable with syllabus/course descriptions also) for possible credit transfer and tuition estimate.

Accepted students must **submit a completed and signed verification form**, online **course descriptions** from school websites directly, **official transcripts** with grades posted to transfer units into AUHS.

According to Admissions policy, in order to transfer your previous courses, you must have a B or better grade.

Applicants will be notified whether or not they are eligible for the Pharmacy Challenge Exam.

According to the Admission Policy, in order to be scheduled for the challenge exam, accepted students must:

- Submit Credit by Examination Form (application to challenge) to Students Services at AUHS by the first day of school.
- You may download the Credit by Examination Form (application to challenge) at [http://auhs.edu/page/page\\_post.php?LinkId=104&pageID=5](http://auhs.edu/page/page_post.php?LinkId=104&pageID=5)

Challenge exams will be arranged and be completed by an indicated date through Student Services at AUHS **Maximum total credit transfer is 72 quarter credit/48 semester; units Tuition is \$352/unit**

"I hereby certify that the information stated above is true and correct. Further, I am aware of the admission standards and understand that any falsification will result in denial of admission. All decisions are final after the form is signed by the University and the student." **Please keep a final official copy from the Admissions Coordinator for your own record.**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

<b>FOR OFFICE USE ONLY (DO NOT FILL OUT THIS SECTION)</b>	Total Units Exempted: _____
Reviewed By Admissions Coordinator: _____	Verified by: _____ Verification Date: _____