



AMERICAN UNIVERSITY OF HEALTH SCIENCES

PRE-REQUISITE COURSE VERIFICATION FORM



Note: For the course credits to transfer, you must provide appropriate documents on the following classes you have taken with grades C or Better.

Name: _____ Social Security Number: _____ - _____ - _____

Please fill out the following:

Course Name	Course Number	Date of Completion	Grade Received	School Attended
Medical Terminology				
Human Anatomy and Physiology				
Communications Skills and Development				

Course Exemptions:

Course Name	Course Number	Date of Completion	Grade Received	School Attended
Physical Diagnosis				
Health Care Financial Management				
Medical Law & Ethics				

Student may complete pre-requisites at AUHS or at Community Colleges by, if not before the enrollment, the end of the first quarter. In progress pre-requisites will only be credited after the official transcript has been received by Admissions Coordinator at AUHS. Student may not proceed to the 2nd quarter if the pre-requisites are not completed. I hereby certify that the information stated above is true and correct. Further, I am aware that any falsification may result in denial of admission."

Signature of Applicant: _____ Date: _____

FOR OFFICE USE ONLY (DO NOT FILL OUT THIS SECTION)		
Verified By: _____	Reviewer Signature: _____	Verification Date: _____