



SAINT VINCENT HEALTH CENTER

232 West 25 Street
Erie, Pennsylvania 16544
814/452-5000

*Transcript Evaluation for
Medical Technology Students*

To be completed by student's advisor

Student Name _____

Student I.D. Number _____

University or College Attended _____

Hours are evaluated as SEMESTER HOURS _____ or QUARTER HOURS _____

	COURSE TITLE	CREDIT HOURS COMPLETED	CREDIT HOURS IN PROGRESS
Biology	16 Semester Hours (24 Quarter Hours), including Microbiology and Immunology	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Immunology	_____	_____	_____
	_____	_____	_____
Microbiology	_____	_____	_____
	_____	_____	_____
Chemistry	16 Semester Hours (24 Quarter Hours), including Organic or Biochemistry	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Organic or Biochemistry	_____	_____	_____
Mathematics	One Course Minimum	_____	_____
Additional Comments	_____	_____	_____
	_____	_____	_____

This is to document that the above named student has completed or will complete all prerequisite requirements for the Board of Registry Medical Technologist Examination, as checked and listed above, and has completed or will complete all requirements for the baccalaureate degree, with the exception of the clinical year, before beginning studies at the Saint Vincent Health Center School of Medical Technology.

Evaluation by: _____
Signature *Title* *Date*

Return to: School of Medical Technology
Saint Vincent Health Center
232 West 25 Street
Erie, Pennsylvania 16544
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