Student Name: ___________________________   ID#: ___________________________

An advisor will check the following criteria for admission into the Medical Assisting Program. Please visit an academic advisor in the Student Services Department, located in the Learning Commons Building at Lone Star College-CyFair.

**This form is to be completed by a LSC-CyFair Academic Advisor ONLY; students do no write or mark below this line**

**Advisor – please initial in the box for each completed item. Mark with an “X” if requirement is incomplete, but indicate reason in comments section at bottom of form.**

1. ______ Student’s LSCS application is current. (RGPE, STMC)

2. ______ Student has met all TSI requirements for reading and writing (Math not required) (TADV, TSUM)

3. ______ Student does not have any holds on their account which will prevent registration. (PERC)

4. ______ Ensure **ALL** transcripts outside LSCS have been submitted and evaluated. (EXTS, IASU, TRER)  
   
   *Transcripts can be accepted*

5. ______ Print an Academic Evaluation for the student under the 2009 “C1.MED1” degree plan. (SACP, EVAL)

Preference is given to those applicants who have completed the above prerequisites and corequisites by the application deadline – June 11, 2009, 4:00 p.m.

**Advisor’s comments**

__________________________  _____________
Advisor’s name (printed)       Date

__________________________
Advisor’s signature