



Merced College
Allied Health
Diagnostic Medical Sonography Program

Name: _____ Student ID #: _____

Equivalency Verification Form

If you completed all prerequisite classes at Merced College or your classes are listed on the Grid of Comparable Prerequisite Courses, you **do not need** to complete this form nor do you need a counselor's signature.

If your course is **NOT** listed on the Comparable Prerequisite Courses, submit your Official transcript(s) from other colleges/universities directly to the Merced College Admissions & Records office by the deadline posted on the [DMS Program website](#). After your courses have been evaluated, make an appointment with an ALLIED HEALTH Counselor to verify equivalency. Call 209-381-6478 or email ecounselor@mccd.edu to book an appointment.

Fill this form out for the course(s) you need verified for equivalency.

- Write "n/a" for courses shown on your Merced College Transcript.
- Write "n/a" for courses listed on the Grid of Comparable Prerequisite Courses.

Prerequisite	College/University	Course Name & Number (ex. Principles of Physiology - BIOL-18)	Course Unit Value	Semester & Year	Counselor Initial verifying equivalency	Course Grade
ALLH-67 - Medical Terminology						
BIOL-16 - General Human Anatomy						
BIOL-18 - Principles of Physiology						
ENGL-C1000 – Academic Reading & Writing or ENGL-1A - College Composition & Reading or COMM-C1000 – Intro to Public Speaking or COMM-1 – Fundamentals of Speech						
MATH-26 or MATH-25 or MATH-15 or STAT-C1000 or MATH-10						
PHYS-10 – Concepts in Physics or *RADT-13 – Radiologic Sciences (*course is only offered to accepted students in the Merced College Diagnostic Radiologic Technology Program)						

I have read the instructions outlined on this page. My application may be denied pending further department evaluation.

Failure to complete & SIGN form will lead to your application being disqualified.

Applicant Signature: _____ Date: _____

Merced College Allied Health Counselor

- ☐ CID Number
- ☐ HECCC Nursing Degree Admission Grid
- ☐ Merced College Internal Evaluation on File
- ☐ Based on Initial Counselor Assessment

Rationale for temporary approval: _____

Print Name: _____

Signature: _____ Date: _____