

# Polysomnographic Technology Program Advising Sheet

Student Name: \_\_\_\_\_ ID#: \_\_\_\_\_

Advisor: \_\_\_\_\_ Goal: Associate of Applied Science Degree

Quarter Entered: \_\_\_\_\_ Semester Graduating: \_\_\_\_\_

**1<sup>st</sup> Term:**

Course #	Course Title	Quarter Credits	Semester Credits	Grade
	Human Anatomy & Physiology			
	Written Communications			
	Medical Terminology			
<b>Total Credits</b>				

**2<sup>nd</sup> Term:**

Course #	Course Title	Quarter Credits	Semester Credits	Grade
	Computer Literacy			
	Medical Ethics and Law			
	Social Science			
<b>Total Credits</b>				

**3<sup>rd</sup> Term:**

Course #	Course Title	Quarter Credits	Semester Credits	Grade
<b>Total Credits</b>				

**4<sup>th</sup> Term:**

Course #	Course Title	Quarter Credits	Semester Credits	Grade
PSGT 1000	Polysomnography 1		4	
PSGT 1010	Polysomnography 1 Lab		2	
<b>Total Credits</b>			6	

**5<sup>th</sup> Term:**

Course #	Course Title	Quarter Credits	Semester Credits	Grade
PSGT 2000	Polysomnography 2		3	
PSGT 2030	Clinical education		3	
<b>Total Credits</b>			6	

**6<sup>th</sup> Term:**

Course #	Course Title	Quarter Credits	Semester Credits	Grade
<b>Total Credits</b>				