**DIVISION OF NURSING & HEALTH SCIENCES**

**R.S.¹ STUDENT ESCROW FORM**

(SEE DIRECTIONS ON REVERSE SIDE)

### PART I – Student Information

Name ___________________________ ID # ___________________________
(Please print all information) Last Name ___________________________ First Name ___________________________ MI ___________________________

Mailing Address ___________________________
Street ___________________________ City ___________________________ State ___________________________ Zip ___________________________

Phone ___________________________ Major/Minor ___________ Radiography ___________

Semester/Year action is to affect ___________ Advisor’s Name ___________________________

**Specific action you are requesting (check which):**

- [ ] Escrow due by October 1st for May graduation
- [ ] Escrow due by March 1st for December graduation

Student Signature ___________________________ Date ___________

### PART II – Escrow Information

Note – A total of 120 cr. hrs. is required for graduation (36 upper division; 32 must be in residency at LCSC- escrow cr. hrs. may also be used for residency). **Specific courses you are requesting for Escrow, maximum of 40 cr. hrs. (check which):**

<table>
<thead>
<tr>
<th>Select</th>
<th>Subj</th>
<th>#</th>
<th>TITLE</th>
<th>Credit</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ]</td>
<td>Escrow RS</td>
<td>363</td>
<td>Applied Radiography III</td>
<td>10</td>
<td>$100</td>
</tr>
<tr>
<td>[ ]</td>
<td>Escrow RS</td>
<td>390</td>
<td>Directed Study: Radiographic Science</td>
<td>1-3</td>
<td>$10-30</td>
</tr>
<tr>
<td>[ ]</td>
<td>Escrow RS</td>
<td>392</td>
<td>Special Topic: Radiographic Science</td>
<td>1-12</td>
<td>$10-120</td>
</tr>
</tbody>
</table>

**TOTAL**

### PART III - Advisor Approval

Admission verified to LCSC, and the DNHS² BSRS Track³; I approve Escrow request.

Advisor Name (printed) ___________________________ Signature ___________________________ Date ___________

### PART IV – Division Chair Approval

(must have DNHS stamp)

- [ ] Approved
- [ ] Denied

Name (printed) ___________________________ Signature ___________________________ Date ___________

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¹ Radiographic Science
² Division of Nursing & Health Sciences
³ Completion of the admission process: upon verification of AAS Degree Completion and passing the American Registry of Radiologic Technologists (ARRT) and holding current (R) license in good standing, the RS student may be admitted to the Bachelor of Science in Radiographic Science degree program.
Directions for Students: Notes - A maximum of 40 semester Radiographic Science credits may be held in escrow until the required graduation check (i.e., the semester before commencement). Students may also receive credit through direct transfer and the portfolio and challenge processes.

1. Work with your academic advisor to determine the number of Escrow credits you need.
2. Complete this form to be submitted with your graduation application. Your advisor will sign and secure the Division Chair’s signature.
3. Include a check payable to LCSC (non-refundable fee $10/ cr) with this form.
4. Your advisor will submit this form to the Registrar’s office. It is recommended you keep a copy for your personal records.

NOTE: Escrow Forms will not be processed from students who have a “hold” on their account.

PART V – Registrar

<table>
<thead>
<tr>
<th>ACTION</th>
<th>SIGNATURES OR RECEIPTS REQUIRED</th>
<th>SUBMIT COMPLETED ESCROW FORM FOR IMPLEMENTATION TO</th>
</tr>
</thead>
</table>
| Approval of Escrow courses to appear on your transcript the semester of graduation. | • Student  
• Advisor  
• NHS Chair  
• Cashier | Registrar |

Escrow noted in Datatel comment screen, to which Advisor has access (note is input by DNHS Admin. Asst.).