



Student: _____ Date: _____

Address: _____ Student ID #: _____

City: _____ State: _____ Zip: _____

Home: _____ Work: _____ Cell: _____

Email(s): _____

<u>CORE COURSE REQUIREMENTS</u>		<u>CREDITS</u>	<u>TERM</u>	<u>GRADE</u>
BIO 5203	Molecular Genetics	3	_____	_____
BIO 5273	Advanced Cell Biology	3	_____	_____
BIO 5313	Advanced Biostatistics	3	_____	_____
BIO 5323	Graduate Research Methods & Seminar	3	_____	_____
MED 5473	Medical Microbiology	3	_____	_____
BIO 5503	Advanced Biochemistry	3	_____	_____
HCA 5113	Healthcare Administration	3	_____	_____
HCA 5123	Healthcare Policy Analysis & Decision Making	3	_____	_____
<u>SPECIALIZATION COURSE REQUIREMENTS</u>				
MED 5513	Human Physiology	3	_____	_____
MED 6003	Medical Terminology	3	_____	_____
MED 6073	Fundamental Pharmacology	3	_____	_____
MED 6103	Immunology	3	_____	_____
TOTAL:		36		