

UT HEALTH SCIENCE CENTER – COLLEGE/PROGRAM APPLYING FOR: _____

PROPOSED PLAN FOR COMPLETION OF PRE-PROFESSIONAL COURSES**

Name: _____ Last 4 digits of SS#: _____

Home Telephone: _____ School Telephone: _____

Institution Currently Attending: _____

Institution Planned for Completion of Pre-Professional Courses: _____

_____ Term 20 ____ -20 _____			_____ Term 20 ____ -20 _____		
Course #	Title	Credit Hrs. (Sem./Qtr.)	Course #	Title	Credit Hrs. (Sem./Qtr.)
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

_____ Term 20 ____ -20 _____			_____ Term 20 ____ -20 _____		
Course #	Title	Credit Hrs. (Sem./Qtr.)	Course #	Title	Credit Hrs. (Sem./Qtr.)
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

- I have completed all pre-professional course work.
- I plan to complete my pre-professional course work in (Month) _____ 20 _____
- I am working toward a degree. Planned date of graduation _____

** This form **must** be returned to us as soon as possible. Please **include** all courses in which you are **CURRENTLY ENROLLED** and any which you are planning to take in subsequent terms. Submit this form with your application or email it to uthscot@uthsc.edu.