



Student: _____ ID# _____
Campus Syracuse Binghamton
Current Class Year: _____ Revised Class Year: _____

Complete the key below indicating the three academic years in which the basic science courses will be completed. Then, under the curriculum schedule, indicate in which of the three extended curriculum academic years the courses will be taken.

Key:

1 = Academic Year _____ to _____
2 = Academic Year _____ to _____
3 = Academic Year _____ to _____
S = Summer _____ S2 = Summer 2 _____

FIRST YEAR CURRICULUM

- _____ Molecular and Cellular Principles of Medicine (9 credits)
- _____ Practice of Medicine (8 credits)
- _____ Medical Literature Course I (3 credits)
- _____ Anatomy (9 credits)
- _____ Physiology (6 credits)
- _____ Neuroscience (7 credits)
- _____ Microscopic Anatomy (4 credits)

SECOND YEAR CURRICULUM

- _____ Microbiology and Immunology (8 credits)
- _____ Pharmacology (7 credits)
- _____ Pathology (9 credits)
- _____ Medical Literature Curriculum II (8 credits)
- _____ Practice of Medicine II (8 credits)
- _____ Behavioral Science (3 credits)

I request and agree to the modified schedule as outlined above. I further understand that this schedule may not be modified without written approval of my Advisory Dean and the Associate Dean for Curriculum. I understand that I will have a full tuition liability for each year of the extended curriculum, unless in any given year I will be enrolled in less than 24 credits for the academic year and 12 credits in either semester.

Student Signature and Date: _____

Advisory Dean Signature and Date: _____

Associate Dean for Curriculum Signature and Date: _____

Registrar Signature and Date: _____

Distribution after recorded by the Registrar's Office: Student, Registrar, Advisory Dean, Financial Aid Office, Associate Dean for Curriculum