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|  | Undergraduate Program Degree Plan |

**Student Name:**

**EMPL ID:**

**Discipline:** BS Biomedical Sciences

*Responsibility for reading catalog requirements and for knowing when the program has been completed rests entirely upon the student. Application for graduation must be filed in the School of Biomedical Sciences before the deadline date in force during your final semester. See the current academic calendar for the deadline date.*

## Summary *of* Credits Proposed *for the* Bachelor *of* Science Program

**Semester hours transferred in at admission** (attach Dean and Registrar approved transfer credit worksheet)

      **Semester hours at UNTHSC**       **Semester hours elsewhere**

**Tentative Program Approval:**

*(Signatures required; insert name underneath signature line)*

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*, Faculty Advisor Date*

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*Marcel Satsky Kerr, Ph.d., Program Director Date*

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*Dean or Designee Date*

**Courses *for* Bachelor of Science Degree**

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| **Approved courses from other institutions**: *(Only include courses taken after admission to UNTHSC. Include name of institution in parentheses after course title. Attach a copy of the course description from the catalog in effect at the time you completed the course or the course syllabus. )* | | | | |
| ***Dept*** | ***Course***  ***Number*** | ***Title*** | ***SCH*** | ***Semester***  ***to be Completed*** |
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| **Courses from UNT Health Science Center:** *(Please skip one line between semesters)* | | | | |
| ***Dept*** | ***Course***  ***Number*** | ***Title*** | ***SCH*** | ***Semester***  ***to be***  ***Completed*** |
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*Submit completed degree plans and attachments to GoToSBS@unthsc.edu*