**STUDENT INFORMATION**

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| **Student’s Name:**       | **NAU ID:**        |
| **E-mail Address:**      @nau.edu  | **Phone Number:**       |
| **Enrollment Term:**        (ex. Summer 2016) | **Expected Graduation:**       (ex. Spring 2018) |
| **Advisor:**       |
| **Total Required Credits for this Degree Program:** **103**  |
| **This is the:** [ ]  **Initial** (upon admission) [ ]  **Final** (submitted with Graduation Application) **Program of Study** |

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| **\*** | **Course No.** | **Course Title** | **Replacement Course** | **Semester** | **Year** | **Hours** | **Grade** | **T/E/P\*\*** |
| 1. **Required Courses (103 hours required)**
 |
| \* | PHA 500 | Human Anatomy |       |       |       |       |       |       |
| \* | PHA 511 | Human Physiology |       |       |       |       |       |       |
| \* | PHA 512 | Human Pathology |       |       |       |       |       |       |
| \* | PHA 520 | Foundations of Clinical Practice I |       |       |       |       |       |       |
| \* | PHA 521 | Foundations of Clinical Practice II |       |       |       |       |       |       |
| \* | PHA 522 | Foundations of Clinical Practice III |       |       |       |       |       |       |
| \* | PHA 530 | Introduction to History Taking and Physical Examination |       |       |       |       |       |       |
| \* | PHA 540 | Ethics and Professionalism |       |       |       |       |       |       |
| \* | PHA 550 | Pharmacology & Pharmacotherapeutics I |       |       |       |       |       |       |
| \* | PHA 551 | Pharmacology & Pharmacotherapeutics II |       |       |       |       |       |       |
| \* | PHA 560 | Clinical Decision Making I |       |       |       |       |       |       |
| \* | PHA 561 | Clinical Decision Making II |       |       |       |       |       |       |
| \* | PHA 570 | Diagnostic Medicine |       |       |       |       |       |       |
| \* | PHA 580 | Clinical Disciplines I |       |       |       |       |       |       |
| \* | PHA 581 | Clinical Disciplines II |       |       |       |       |       |       |
| \* | PHA 610 | Introduction to Clinical Practice |       |       |       |       |       |       |

Student’s Name:       NAU ID:

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| **\*** | **Course No.** | **Course Title** | **Replacement Course** | **Semester** | **Year** | **Hours** | **Grade** | **T/E/P\*\*** |
| \* | PHA 689 | Capstone |       |       |       |       |       |       |
| \* | PHA 698 | PA Seminar |       |       |       |       |       |       |
| 1. **Required Clinical Rotations (44 units required):** 4 weeks each
 |
| \* | PHA 611 | Family Practice |       |       |       |       |       |       |
| \* | PHA 612 | Internal Medicine |       |       |       |       |       |       |
| \* | PHA 613 | Surgery |       |       |       |       |       |       |
| \* | PHA 614 | Pediatrics |       |       |       |       |       |       |
| \* | PHA 615 | Women’s Health (OB/GYN) |       |       |       |       |       |       |
| \* | PHA 616 | Mental Health |       |       |       |       |       |       |
| \* | PHA 617 | Emergency Medicine |       |       |       |       |       |       |
| \* | PHA 618 | Primary Care Rotation*(Course is repeated)* |       |       |       |       |       |       |
| \* | PHA 618 | Primary Care Rotation*(Course is repeated)* |       |       |       |       |       |       |
| \* | PHA 620 | Elective I Rotation:       |       |       |       |       |       |       |
| \* | PHA 621 | Elective II Rotation:       |       |       |       |       |       |       |

**ADDITIONAL INFORMATION**

In addition to all University and Graduate College policies, procedures, and requirements, graduate students must also adhere to the academic requirements, policies, procedures, and criteria outlined by their program’s Graduate Student Handbook.

**Students:**

You must secure official approval by your advisor and Department Chair/Director before submitting the final Program of Study.

By signing or entering your name below, you agree to the following statement:

 *“Students are responsible for complete knowledge of Academic Catalog requirements in their degree plan for their catalog year and adhering to all policies in the Academic Catalog.”*

**Advisors and Chairs/Directors:**

Please indicate approval of the curriculum on the Program of Study by placing your signature (electronic signatures are permitted) in the space provided.

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| **Student:**       | **Date:**       |
| **Chair, Advisory Committee:**       | **Date:**       |
| **Department Chair** (required for Final)**:**       | **Date:**       |
| **Director:**       | **Date:**       |

**\*\*Transfer/Equivalent/Previous Graduate Degree** – Must have Advisor approval

Transfer T = Course transferred from another university

Previous Graduate Degree P = Course taken at NAU from previous graduate degree

Equivalent E = Course taken at NAU in place of required course

Internal Transfer I = Graduate level course taken as undergraduate; Not applied to undergraduate degree