**STUDENT INFORMATION**

|  |  |
| --- | --- |
| **Student’s Name:** | **NAU ID:** |
| **E-mail Address:**      @nau.edu | **Phone Number:** |
| **Enrollment Term:**        (ex. Summer 2013) | **Expected Graduation:**       (ex. Spring 2015) |
| **Advisor:** | |
| **Total Required Credits for this Degree Program:** **102** | |
| **This is the:**  **Initial** (upon admission)  **Final** (submitted with Graduation Application) **Program of Study** | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **\*** | **Course No.** | **Course Title** | **Replacement Course** | **Semester** | **Year** | **Hours** | **Grade** | **T/E/P\*\*** |
| 1. **Required Courses (102 hours required)** | | | | | | | | |
| \* | PHA 500 | Human Anatomy |  |  |  |  |  |  |
| \* | PHA 510 | Human Physiology & 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 Overview I |  |  |  |  |  |  |
| \* | PHA 581 | Clinical Disciplines II |  |  |  |  |  |  |
| \* | PHA 610 | Introduction to Clinical Practices |  |  |  |  |  |  |

Student’s Name:       NAU ID:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **\*** | **Course No.** | **Course Title** | **Replacement Course** | **Semester** | **Year** | **Hours** | **Grade** | **T/E/P\*\*** |
| \* | 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: |  |  |  |  |  |  |
| \* | PHA 689 | Capstone |  |  |  |  |  |  |
| \* | PHA 698 | PA Seminar |  |  |  |  |  |  |

**Signatures**

By signing 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.”*

|  |  |
| --- | --- |
| **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

**Transfer Credit Example:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **\*** | **Course No.** | **Course Title** | **Replacement Course** | **Semester** | **Year** | **Hours** | **Grade** | **T/E/P\*\*** |
|  | **ABC 123** | **Fundamentals of English** | **ASU 456** | **Fall** | **2012** | **3** | **A** | **T/ASU** |