



Last Name: _____ First Name: _____ Date: _____

ID#: XXX-XX-_____ MAJOR: BIOLOGY: PHYSICIAN'S ASSISTANT CONCENTRATION (2G)

I. DEVELOPMENTAL REQUIREMENTS:

- ☞ Student Passed/Exempt Reading CUNY Examination
 - ☞ Student Failed Reading CUNY _____ score
 - ☞ Student Passed/Exempt Writing CUNY Examination
 - ☞ Student Failed Writing CUNY _____ score
 - ☞ Student Passed CUNY Math or COMPASS
 - ☞ Student Failed CUNY Math or COMPASS
- Old Test: Parts 1 and 2 _____
 (Total Score)
COMPASS: M1 ___ M2 ___ M3 ___ M5 ___

II. COLLEGE REQUIREMENTS: 7 credits

Note: All courses with an asterisk (*) have a pre-requisite.

Course	Credits	Course	Credits	Course	Credits
☞ Eng 12*		☞ Eng 24*		☞ HE 14	

(One (1) Writing Intensive course in any discipline from any category below is required. Such courses are designated "W".)

III. DEPARTMENT REQUIREMENTS:

Note: All courses with an asterisk (*) have a pre-requisite.

Course	Credits	Course	Credits	Course	Credits	Course	Credits
☞ BIO 13*		☞ BIO 11*		☞ CHM 11*		☞ MAT 14*	
☞ BIO 14*		☞ BIO 12*		☞ CHM 12*		☞ MAT 20*	
☞ BIO 51*		☞ PSY 11		☞ PSY 32*			

3 Recommended Electives: BIO 70, HE 20, NUR 41 or CHM 31* and CHM 32*

Completion of volunteer program concerned with direct patient care required at least one year before transfer to a Baccalaureate Program offering a program leading to certification as a Physician Assistant.

IV. GENERAL EDUCATION REQUIREMENTS: 9 credits

A minimum of three (3) credits in each Group A and B and three (3) credits in either Group A or B in a different discipline.

- A. **Arts and Humanities** 3 – 6 credits
 Disciplines: Art – Foreign Language – Literature – Media & Film Studies – Music – Speech – Theatre Arts – Philosophy (Excluded are Art studio, Music studio, Theatre production & skills courses)
- B. **Behavioral and Social Sciences** 3 – 6 credits
 Disciplines: Anthropology – Economics – History – Political Science – Psychology – Sociology
- C. **Mathematics and Sciences** – Satisfied by Department Requirements

ELECTIVES: Sufficient to meet required total of 60 – 64 credits

SEMESTER: Fall _____ Spring _____ **MODULE:** Winter _____ Summer _____

Course	Credits/Equated Credits
1.	
2.	
3.	
4.	
5.	

Course	Credits/Equated Credits
1.	
2.	

MODULE: Winter _____ Summer _____

Course	Credits/Equated Credits
1.	
2.	

____ As a student who is part of the Access-Ability Center, I know that I am advised to return to room D-205 for any course modifications or discussion of accommodations.

I have read and understand that this is what I need in order to satisfy my degree requirements.

Advisor Signature: _____ Student Signature: _____ Date: _____