

Last Name: _____ First Name: _____ Date: _____

ID#: XXX-XX-_____ MAJOR: SURGICAL TECHNOLOGY (56)

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:

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

Course	Grade	Course	Grade
⊃ Eng 12*		⊃ Eng 24*	

(One (1) Writing Intensive course in any discipline from any category below is required. Such courses are designated "W".) Participation in a Learning Community that includes ENG 12 also satisfies this requirement.

III. DEPARTMENT REQUIREMENTS:

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

Course	Grade	Course	Grade	Course	Grade
⊃ ST 1*+		⊃ ST 03P+		⊃ ST 05P +	
⊃ ST 2*+		⊃ ST 4*		⊃ ST 6*+	
⊃ ST 3*+		⊃ ST 04P +		⊃ ST 06P +	
⊃ NUR 45		⊃ ST 5*+			

IV. GENERAL EDUCATION REQUIREMENTS:

Nine (9) credits from Groups A and B: A minimum of three (3) credits from each group plus three (3) more credits in another discipline from either Group A or B.

- A. Arts and Humanities 3 credits
Ethics and Morality in the Health Professions (PHI 76)
- B. Behavioral and Social Sciences 6 credits
Disciplines: Anthropology – Economics (excluding ECO 14) – History – Political Science – Psychology – Sociology
- C. Mathematics and Sciences
 - Principles of Mathematics (MAT 7) 4 credits
 - Human Anatomy and Physiology I and II (BIO 11 and BIO 12) 8 credits
 - Microbiology of Health and Disease (BIO 51) 4 credits

ELECTIVES: 1 credit sufficient to meet required total of 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 reviewed and understand the information listed above.

Advisor Signature: _____ Student Signature: _____ Date: _____