Must be typewritten.
Doctor of Osteopathic Medicine

Student ID #_____
Race:_____
Gender:_____

William Carey University
College of Osteopathic Medicine
Application for Degree

Name:_____
(*Enter official name only to appear on diploma*)
Current Address:_____
Date of Application for Degree:_____

Degree: Doctor of Osteopathic Medicine
Expected Date of Graduation:_____
Catalog Date:_____

Pre-Clerkship Curriculum OMS 1-OMS 2	Course Number	Credit Hours	Grade	OMS 3- OMS 4 Curriculum	Course Number	Credit Hours	Grade
Medical Embryology and Genetics	6110	4		Family Medicine I	7311	8	
Medical Histology	6120	7		Family Medicine II	7312	8	
Gross Anatomy	6130	12		Family Medicine III	7313	8	
Doctoring Skills 1	7121	2		ER Medicine I	7321	8	
Osteopathic Principles & Practice I	7151	3		ER Medicine II	7322	8	
Neuroscience I	6141	3		General Surgery I	7351	8	
Medical Physiology	6150	9		General Surgery II	7352	8	
Medical Immunology	6160	3		Internal Medicine I	7331	8	
Medical Biochemistry	6170	8		Internal Medicine II	7332	8	
Doctoring Skills II	7122	3		Pediatrics	7341	8	
Osteopathic Principles & Practice II	7152	4		Mental Health	7371	8	
General Pathology	6221	2		OBGYN/Women's Health	7361	8	
Systemic Pathology I	6222	4		Medicine Elective I*	8001	8	
Medical Microbiology I	6261	3		Medicine Elective II*	8004	8	
Pharmacology	6271	3		Medicine Elective III*	8007	8	
Osteopathic Principles & Practice III	7253	2		Medicine Elective IV*	8010	8	
Clinical Science I	7291	7		Medicine Elective V*	8013	8	
Systemic Pathology II	6223	4		Medicine Elective VI*	8016	8	
Neural & Behav Sciences I	6231	2		Medicine Elective VII*	8019	8	
Pharmacology II	6272	3		Medicine Elective VIII*	8022	8	
Clinical Science II	7292	11		Patient Care & OMT Comp *	7381	1	
Osteopathic Principles & Practice IV	7254	2					
Neural & Behavioral Sciences II	6232	2		(*Courses Approved by Associate Dean			
Medical Microbiology II	6262	3		Clinical Sciences)			

Authorized Exceptions/Substitutions:_____

Required Signatures:
Applicant:_____   Date:_____
Asst. to Registrar WCU COM:_____   Date:_____
Associate Dean Academic Affairs WCUCOM:_____   Date:_____
WCU Registrar:_____   Date:_____