

MTIMPM ACADEMIC COURSE PLAN

Please indicate your completion status of the following courses below.
In order to Fill in cells below; position your cursor in the cell and double click to add information.

This form must be printed and mailed with your application form.
Print Settings: Portrait orientation; Fit all columns on one page

APPLICANT NAME: _____ SCHOOL(S): _____ DATE: _____

COURSES	COURSE TITLE and NUMBER	DATE COURSE WAS TAKEN or WILL BE TAKEN	CREDIT HOURS	GRADE
* = REQUIRED by national certifying				
CHEMISTRY: * 16 semester hours				
1. * General I with lab				
2. * General II with lab				
3. * Organic I or Biochemistry				
4. Analytical				
5. Instrumentation				
6.				
BIOLOGY: * 16 semester hours				
1. * General				
2. * General				
3. Cell Biology				
4. Genetics				
5. Anatomy				
6. * Physiology				
7. *Microbiology (including Bacteriology)				
8. Molecular Biology/Pathology				
MEDICAL LABORATORY SCIENCE:				
Clinical Chemistry				
Clinical Chemistry Laboratory				
Hematology & Hemostasis				
Hematology & Hemostasis Laboratory				
Clinical Immunology				
Immunohematology (Blood Bank)				
Immunohematology Laboratory				
Medical Microbiology				
Medical Microbiology Laboratory				
Mycology				
Parasitology				
Math - algebra or higher				
Physics				
Statistics				
Management (e.g., Quality Assurance)				
Education (e.g., Clinical Correlations)				