

Must be typewritten

Doctor of Osteopathic Medicine

**WILLIAM CAREY UNIVERSITY
COLLEGE OF OSTEOPATHIC MEDICINE
APPLICATION FOR DEGREE**

Student ID# _____

Race: _____

Gender: _____

Name: _____

(Enter official name only to appear on diploma.)

Degree: Doctor of Osteopathic Medicine

Expected Date of Graduation: _____

Current Address: _____

Phone Number: _____ Catalog Date: _____ Date of Application for Degree: _____

Pre-Clerkship Curriculum OMS 1–OMS 2	Course Number	Credit Hours	Grade
Contemporary Foundations of Medicine	6100	3	
Medical Genetics	6111	2	
Clinical Anatomy I	6131	6	
Doctoring Skills I	7121	1	
Osteopathic Principles & Practice I	7151	2	
Clinical Anatomy II	6132	6	
Medical Physiology I	6151	4	
Histology I	6161	2	
Medical Biochemistry I	6171	2	
Doctoring Skills II	7122	1	
Osteopathic Principles & Practice II	7152	2	
General Pathology	6142	2	
Medical Physiology II	6152	5	
Histology II	6162	2	
Medical Biochemistry II	6172	3	
Systemic Pathology I	6222	3	
Medical Microbiology I	6261	3	
Pharmacology I	6271	4	
Osteopathic Principles & Practice III	7253	2	
Clinical Science I	7291	8	
Systemic Pathology II	6223	4	
Neural & Behavioral Sciences I	6231	3	
Pharmacology II	6272	3	
Clinical Science II	7292	7	
Osteopathic Principles & Practice IV	7254	2	
Neural & Behavioral Sciences II	6232	2	
Medical Microbiology II	6262	3	

OMS 3–OMS 4 Curriculum	Course Number	Credit Hours	Grade
Family Medicine I	7311	8	
Family Medicine II	7312	8	
ER Medicine	7321	8	
Internal Medicine I	7331	8	
Internal Medicine II	7332	8	
Pediatrics	7341	8	
General Surgery I	7351	8	
General Surgery II	7352	8	
OBGYN/Women’s Health	7361	8	
Mental Health	7371	8	
Patient Care & OMT Comp	7381	1	
Advanced Clinical Integration	8000	8	
Medicine Elective I*	8001	8	
Medicine Elective II*	8004	8	
Medicine Elective III*	8007	8	
Medicine Elective IV*	8010	8	
Medicine Elective V*	8013	8	
Medicine Elective VI*	8016	8	
Medicine Elective VII*	8019	8	
Medicine Elective VIII*	8022	8	
Medicine Elective IX*	8030	8	

(*Courses Approved by Associate Dean Clinical Sciences)

Required Signatures:

Applicant _____ Date _____

Asst. to Registrar WCUCOM _____ Date _____

Assoc. Dean Academic Affairs WCUCOM _____

Date _____

WCU Registrar _____ Date _____

Authorized Substitutions/Exceptions: _____