

Must be typewritten.  
Doctor of Osteopathic Medicine

Race: \_\_\_\_\_  
Gender: \_\_\_\_\_  
Student ID #: \_\_\_\_\_

**William Carey University  
College of Osteopathic Medicine  
Application for Degree**

Name: \_\_\_\_\_

Degree: Doctor of Osteopathic Medicine

(Enter official name only to appear on diploma)

Expected Date of Graduation: \_\_\_\_\_

Current Address: \_\_\_\_\_

Date of Application for Degree: \_\_\_\_\_

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	6		Family Medicine II	7312	8	
Gross Anatomy	6130	12		Family Medicine III	7313	8	
Physical Diagnosis I	7111	2		ER Medicine I	7321	8	
Doctoring Skills 1	7121	1		ER Medicine II	7322	8	
Osteopathic Principles & Practice I	7151	3		General Surgery I	7351	8	
Neuroanatomy	6140	3		General Surgery II	7352	8	
Medical Physiology	6150	9		Internal Medicine I	7331	8	
Medical Immunology	6160	3		Internal Medicine II	7332	8	
Medical Biochemistry	6170	8		Pediatrics	7341	8	
Physical Diagnosis II	7112	3		Mental Health	7371	8	
Doctoring Skills II	7122	3		OBGYN/Women's Health	7361	8	
Osteopathic Principles & Practice II	7152	3		Medicine Elective I*	8001	8	
General Pathology	6221	2		Medicine Elective II*	8004	8	
Systemic Pathology I	6222	3		Medicine Elective III*	8007	8	
Medical Microbiology	6260	6		Medicine Elective IV*	8010	8	
Pharmacology 1	6271	3		Medicine Elective V*	8013	8	
Osteopathic Principles & Practice III	7253	3		Medicine Elective VI*	8016	8	
Clinical Science I	7291	11		Medicine Elective VII*	8019	8	
Systemic Pathology II	6223	3		Medicine Elective VIII*	8022	8	
Neuroscience II	6241	6					
Pharmacology II	6272	5					
Clinical Science II	7292	14					
Osteopathic Principles & Practice IV	7254	4					

(\*Courses approved by  
Associate Dean Clinical Sciences

Authorized Exceptions/Substitutions: \_\_\_\_\_

**Required Signatures:**

Applicant: _____	Date: _____
Associate Registrar WCUCOM: _____	Date: _____
Associate Dean Academic Affairs WCUCOM: _____	Date: _____
WCU Registrar: _____	Date: _____