

Name:		Registration Time:	
R#·		Pre-Health Designation:	

Pre-Health Orientation Schedule Planning Form

Fall 2025 Schedule

		<u>Subject</u>	Course Number	<u>CRN</u>	<u>Hours</u>	
Science	Primary __					
Lecture	Alternate _					
Science						
Lab						
C	Primary _.					
Course 2	Alternate <u>.</u>					
Causea 2	Primary _					
Course 3	Alternate <u>.</u>					
C	Primary _.					
Course 4	Alternate .					
C 5	Primary _					
Course 5						
	Primary _					
RaiderReady						
		Coursework Not Listed on Current Transcript (exam, dual, or transfer credit)				
300		(exam, di	ial, or transfer cred	ait)		
	& —					
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Planned Extracurriculars

(campus involvment, community service, professional engagement)