

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

Pre-Health Orientation Schedule Planning Form

Fall 2023 Schedule **Course Number** CRN Hours Subject Primary ______ ____ Science Lecture Primary _____ Science Lab Alternate ______ Course 2 Course 3 Alternate ______ Primary _____ ____ Course 4 Alternate _____ ______ _______ Course 5 Primary RaiderReady Alternate ______ **Coursework Not Listed on Current Transcript** (exam, dual, or transfer credit) **Planned Extracurriculars** (campus involvment, community service, professional engagement)

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