

**UNIVERSITY OF KENTUCKY
COLLEGE HEALTH SCIENCES
SCHEDULE OF COURSES PLANNED AND IN PROGRESS**

1. Do not list **completed courses or courses you are currently taking in the Fall semester** since they will be submitted on a transcript.
2. Please list all courses that you are taking in the upcoming Spring semester or plan to take prior to entering the professional program. (See the example below.)
3. If you need to list courses for two different semesters, please list them separately by semester.
4. Remember - you must demonstrate your ability and intention to complete all University of Kentucky "general education requirements" (USP) (if applying without a degree earned by the program start in August) and pre-requisites for the program to which you are applying.

Name: _____
First
Middle I.
Last

Date of Graduation with Bachelor's Degree: _____

PLEASE PRINT OR TYPE

	<u>Dept/Course#</u>	<u>Course Title</u>	<u>Sem & Year</u>	<u>Credit</u>	<u>College where course will be taken</u>
<i>Example</i>	<u>Eng / 101</u>	<u>Freshman Composition</u>	<u>Spring 2008</u>	<u>3</u>	<u>UK</u>
Spring 2009	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
Summer 2009	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____