

Name: _____ Date of Birth: _____ CASPA ID: _____
 Last Name, First Name Middle Initial (mm/dd/yy)



PRIMARY CARE PHYSICIAN ASSISTANT PROGRAM
Prerequisite Worksheet
UPLOADED TO SECONDARY APPLICATION

Indicate how you have fulfilled the prerequisites listed below. If a course is in progress you must indicate as such. Blank forms will not be accepted & all course must appear in our database as approved. Please abbreviate institution & course title when needed.

*Term (FA=Fall, SP=Spring, SU=Summer, WI=Winter) Units: Include number and S for Semester or Q for Quarter

Required Courses ¹	Name of Institution	Dept code & Course #	Complete Course Title	Term*/Year	Units	Grade (or IP)	In Prereq Database (Y or N)
Example:	Any University	CHE 201	Organic Chemistry	FA06	4Q(S)	A-	Y
College English							
English Composition							
College Algebra							
Human Anatomy							
Human Anatomy Lab (Only if lab <u>not</u> incl above)							
Human Physiology							
Human Physiology Lab (Only if lab <u>not</u> incl above)							
Microbiology							
Microbiology Lab (Only if lab <u>not</u> incl above)							
Genetics							
General Chemistry I							
General Chemistry II							
General Chemistry III (For Quarter sequences only)							
General Chemistry Lab I (List if lab <u>not</u> incl above)							
General Chemistry Lab II (List if lab <u>not</u> incl above)							
General Chemistry Lab III (List if lab <u>not</u> incl above)							

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Required Courses	Name of Institution	Dept code & Course #	Complete Course Title	Term/Year	Units	Grade (or IP)	In Prereq Database (Y or N)
Psychology (Intro or General ONLY)							
Sociology (Intro or General ONLY)							
Introductory Statistics							
Humanities/Social Sciences I							
Humanities/Social Sciences II							
Humanities/Social Sciences III							

IMPORTANT: Prerequisites may **not** be taken on an advanced placement, pass/no pass, or credit/no credit basis. These courses must be repeated for a grade.