CLINICAL AND TRANSLATIONAL SCIENCE INSTITUTE

UNIVERSITY of ROCHESTER MEDICAL CENTER
MEDICINE of THE HIGHEST ORDER

PhD in Translational Biomedical Sciences
University of Rochester CTSI
Course Planning Worksheet

Trainee Name: _____ **Entry Date:** _____ **URID:** _____

SEMESTER 1	
Course	Credits
Total Semester Credits	

SEMESTER 3	
Course	Credits
Total Semester Credits	

SEMESTER 2	
Course	Credits
Total Semester Credits	

SEMESTER 4	
Course	Credits
Total Semester Credits	

Potential Transfer Courses
(send course syllabi to coordinator for consideration)

Program Director Approval

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