

BHS Plan of Study – Health Science Track

Name _____

UF ID _____

Upper Division (UD) Courses (e.g., 3000/4000 Level) Completed Before the BHS Program.	AP/IB/Dual Enrollment Credits Earned _____
Course Number Credits	Credits Earned Before BHS Program (Excluding AP/IB/Dual Enrollment) _____
_____	Junior Year Credits _____
_____	Senior Year Credits _____
_____	UD Credits Before the BHS Program _____
_____	UD Credits During the BHS Program _____
_____	Projected Total UD Credits _____
_____	Projected Total Credits _____
_____	Summer Hours Needed _____
Total _____	Hours Until Excess _____

_____ UF requires a minimum of 120 hours to graduate with at least 60 hours upper division credits.

_____ I understand that it is my responsibility to ensure that I complete the necessary hours for graduation in the number of semesters indicated on my plan of study regardless of whether I am able to register for the specific electives listed on this plan of study.

_____ To graduate, the BHS program requires that I earn a C or better in all of my BHS Core Classes. Earning a C minus or lower will result in me having to retake the course.

_____ I understand that my BHS Core Classes take precedent over any electives (i.e., college, general, pre-requisites). In the event that an elective conflicts with my Core Classes, I must enroll in core classes according to my plan of study.

_____ The BHS Health Science Health Track requires 9 hours of College Approved Electives. NOTE: Only 3 hours of Honors Thesis credit will count toward my 9 College Approved Electives (i.e., Honors Seminar and additional Honors Thesis credit do not count as College Approved Electives). Additionally, only 1 Credit of Clinical Observation or Individual Study can be applied to the 9 hours of College Approved Electives no matter how many I register for.

_____ The state of Florida requires I take 9 hours of college credit over summer(s) at one of the Florida Universities unless I transferred to UF with my AA degree.

_____ I understand that I am ultimately responsible for identifying any pre-requisites I need for graduate school.

_____ I understand that any changes to this plan must be approved by my advisor and/or BHS director.

	Credits	UD
Summer _____	_____	_____
_____	_____	_____
_____	_____	_____
Total	_____	_____
Fall _____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total	_____	_____
Spring _____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total	_____	_____
Summer _____	_____	_____
_____	_____	_____
_____	_____	_____
Total	_____	_____
Fall _____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total	_____	_____
Spring _____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total	_____	_____

Student Signature

Advisor Signature