Student ID No.__________________Name______________________________________________________Phone__________________
Address________________________________________________________City, State, ZIP Code___________________________

Program Requirements

The 71 credits required for your degree are listed below. This Program of Study form reflects the curricular requirements listed on the College of Health Related Professions • College of Nursing website (www.downstate.edu). Students are responsible for familiarizing themselves with the website, the most recent SUNY Downstate Medical Center Student Handbook and the individual program student manual.

submit CPR certification to DMI program secretary prior to enrollment in DIMI 3110, Clinical Internship I. (Advisor’s Initials/Date)

Junior Year – Fall Semester Courses (16 credits)

<table>
<thead>
<tr>
<th>Term</th>
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<th>Course #</th>
<th>Course Title</th>
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<td>ANAT 3105</td>
<td>Introduction to Human Gross Anatomy</td>
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<td>DIMI 3101</td>
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<td>DIMI 3108</td>
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<td>DIMI 3235</td>
<td>Monitoring and Assistance of the Patient</td>
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Junior Year – Spring Semester Courses (18 credits)

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<td>DIMI 3107</td>
<td>Medical and Surgical Diseases of the Abdomen</td>
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<td>DIMI 3202</td>
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<td>DIMI 3208</td>
<td>Obstetrics and Gynecology</td>
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<td>DIMI 3210</td>
<td>Clinical Internship II</td>
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<td>DIMI 3217</td>
<td>Cross-Sectional Anatomy of the Abdomen and Pelvis</td>
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Senior Year - Summer Semester Courses (7 credits)

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<td>DIMI 4009</td>
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<td>DIMI 4010</td>
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<td>DIMI 4013</td>
<td>Vascular Principles and Instrumentation</td>
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<td>DIMI 4015</td>
<td>Introduction to Medical Statistics</td>
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Senior Year – Fall Semester Courses (15 credits)

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<td>ADMN 3100</td>
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<td>DIMI 4110</td>
<td>Clinical Internship IV</td>
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<td>MSCI 4100</td>
<td>Research Methods</td>
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Senior Year - Spring Semester Courses (15 credits)

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<td>DIMI 4202</td>
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<td>Clinical Internship V</td>
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<td>DIMI 4213</td>
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<td>DIMI 4214</td>
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<td>DIMI 4215</td>
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Beginning Core

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<td>DIMI 4500</td>
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Interdisciplinary Course

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<td>INDI 5012</td>
<td>Brooklyn Free Clinic Experience (Elective)</td>
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TOTAL CREDITS REQUIRED 71

Anticipated Date of Graduation (Circle Month & Year):   May August December 2017 2018 2019

(OVER)
I acknowledge that the courses listed above are the courses I am required to successfully complete to be awarded the degree of Bachelor of Science in Diagnostic Medical Imaging from the State University of New York Health Science Center at Brooklyn. The academic policies regarding the other components of the degree are published in the most recent SUNY Downstate Medical Center **Student Handbook**, and should be reviewed to ensure my academic success.

<table>
<thead>
<tr>
<th>Signature of Student</th>
<th>Date</th>
<th>Signatures of Faculty Advisor</th>
<th>(Date)</th>
</tr>
</thead>
<tbody>
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<td>Copy 1: Graduation Check Sheet / Faculty Advisor</td>
<td>Copy 2: Student</td>
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