

TRANSFER STUDENT HISTORY

Student name: _____

Social security/ID number _____

WHO-listed Medical School(s) attended prior to transfer

School name & location	Dates from/to	Length of semesters (weeks)	No. of semesters attended

Courses passed prior to transfer

SCIMD course name	School at which course was taken	Name of course taken	Semester hours	Passed (P) or awaiting result (A)
Anatomy				
Histology and Cell Biology				
Medical Embryology				
Epidemiology				
Neuroscience				
Physiology				
Biochemistry				
Pathology				
Microbiology				
Immunology				
Medical Genetics				
Pathology II				
Pharmacology				
Behavioral Science				
Medical Ethics				
Physical Diagnosis				
Introduction to Clinical Medicine				

I confirm that the above information is correct to the best of my knowledge. I understand that I must, in due course, provide a formal transcript from my previous school. I accept that transfer credit is not automatic and having taken and passed a subject in a previous school does not automatically remove the requirement to take and pass that subject at SCIMD College of Medicine

Signed: _____

Dated: _____