COLLEGE OF PROFESSIONAL & GLOBAL EDUCATION
5151 STATE UNIVERSITY DRIVE | LOS ANGELES, CA 90032-8619

Clinical Genetic Molecular Biologist Scientist Training Program

Last Name, First Name, Middle Initial _____ Date _____

Course work:
In the chart below, **list all of the courses that you have taken in the disciplines of science and mathematics**. Other than the required courses, which are listed first in the table below, please group the courses by the school at which they were taken and list them chronologically, starting with the most recent. Please indicate the institution in which the course was taken and if the course was a **semester (Sm)** or **quarter (Qtr)** in length. Indicate the year in which it was taken; if it was **lecture (Lec), laboratory (Lab)** or, **seminar (Sem);** the units; and grade. If the course is in progress (Prog), or planned (Plan), please indicate that. Attach additional pages, as needed. **If your transcripts are from a foreign university or college**, you must submit them for professional evaluation through the **International Education Research Foundation (IERF)**. Your application will not be processed until a professional evaluation has been performed and submitted to the Program.

Course Title: (not number)	Institution Name	Sm	Qtr	Year	Lec	Lab	Sem	Units	Grade	In progress or planned
Chemistry:										
Chemistry:										
Biochemistry:										
Genetics:										
Cell and/or Molecular Bio:										
Biology:										
Adv/Genetics or MB										
Biology:										
Biology:										
Biology:										
Biology:										
Statistics/ Biostats:										

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Rev. 06/2025