**PLAN OF STUDY (REQUIRED FORM)- - (November 2024)**

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| **COURSES** (list in sequence by term as in the plan of study) | **SCHEDULED STUDENT CONTACT HOURS PER TERM** | **FACULTY** CC= Course CoordinatorI=Instructor (responsible entire course)L=Lecturer (provides instruction)LD=Lab DirectorLA=Lab AssistantIf need, classify other role(s) and explain in narrative |
| **Year of term** (e.g., 1, 2, 3); **Number of term** (e.g., 1, 2, 3, 4, 5)  | Course prefix & Number | Course Title | Length of Course In weeks (Incl. exam week) | Credits | Classroom (e.g., lecture, seminar, tutorial) | Laboratory | Distance Education | Other (e.g., independent study) | Clinical Education | **Faculty member with primary responsibility for the course****Provide****ROLE: Name** | **Other Faculty who participate in the course (see instructions for which faculty to include)** **Provide****ROLE: Name** |
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