### MIS-Diagnostic Medical Sonography

**Joint BS**

**Program Code:** MIS3-MDM3  
**Program Director:** Cynthia Silkowski

**Semester** | **Course#** | **Course Title** | **Credits**
---|---|---|---
1. **Pre-requisites**<br>First six semesters of Liberal Arts and Sciences - Minimum of 90 Credits at Partner Institutions. Medical Terminology required before the start of Program.<br>2. **Fall**<br>DXMS4009 | Introduction to Clinical Practice | 1<br>DXMS4100 | Patient Care for the Imaging Prof | 2<br>DXMS4131 | Abdominal Sonography I | 3<br>DXMS4151 | Cross-Sectional Abdominal Sonography | 2<br>DXMS4161 | Obstetrical Sonography I | 2<br>DXMS4171 | Gynecological Sonography I | 2
3. **Spring**<br>DXMS4111 | Acoustic Physics I | 2<br>DXMS4172 | Gynecological Sonography II | 2<br>DXMS4199 | Clinical Practice I | 5<br>DXMS4232 | Abdominal Sonography II | 3<br>DXMS4262 | Obstetrical Sonography II | 2
4. **Summer**<br>DXMS4212 | Acoustic Physics II | 2<br>DXMS4299 | Clinical Practice II | 3<br>VSTC4370 | Introduction to Noninvasive Vascular Testing | 2
5. **Fall**<br>DXMS4240 | Neurosonography | 1<br>DXMS4350 | Critique & Clinical Correlation | 2<br>DXMS4380 | Introduction to Musculoskeletal Sonography | 2<br>DXMS4399 | Clinical Practice III | 8

**Curriculum Total:** 46

Consult School and program policy regarding specific requirements.

**Student Name** (printed): __________________________

**Signature:**<br>____________________________

I agree to complete these courses for graduation.

Please return signed copy to: Office of Enrollment Services, 65 Bergen street, Room #149, Newark, NJ 07107-3001

**Office use only:** Term: __________________________

**Student Disclaimer:**

The database of course description is updated continuously throughout the year. It may be different than your "requirements for the graduation"(RG) form you signed at the time of admissions for which you are held accountable. Please use this site as a reference source and your RG as your official contract.