# MIS-Diagnostic Medical Sonography

## 2nd BS

Program Code: **MIS5-MDB5**  Program Director: **Rebecca Etheridge**

created on : 11/30/2018 16:33

<table>
<thead>
<tr>
<th>Semester</th>
<th>Course#</th>
<th>Course Title</th>
<th>Credits</th>
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<td>Previous completion of a BA or BS Degree or Foreign Equivalent from an Accredited School.</td>
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Consult School and program policy regarding specific requirements.

**Student Name** (printed): __________________________

**Signature:**

* 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:
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