

BS in Biomedical Sciences BMED ACCELERATION REQUEST FORM

Please fill out the following form in order to process this request. Approval may take up to 30 business days from the submission date.

**Please note that acceleration limits the time and opportunities to partake in research, clinical shadowing, and participate in student organizations, activities highly valued by professional and graduate school admission committees.*

This acceleration request is for the: Year: _____ Fall semester: Spring Semester:

Student Name: _____ Student ID#: _____ Cohort: _____

Major: _____ Minor/2nd Major: _____ Current Overall GPA: _____

Phone Number: _____ UTRGV Email: _____

Date of Pre-Professional Exam: _____ UTRGV Student Organization(s): _____

Expected Graduation Date: _____

Career Plans: _____

List of BMED courses planning to enroll in according to the roadmap:

CRN	Course prefix, number, and section	Course Name	Days, Times, and Campus Course is Offered

List of BMED courses wanting to enroll in to accelerate:

CRN	Course prefix, number, and section	Course Name	Days, Times, and Campus Course is Offered

List of Non-BMED courses needing to enroll in:

CRN	Course prefix, number, and section	Course Name	Days, Times, and Campus Course is Offered

You must have taken CHEM I and CHEM I Lab concurrently, and College Algebra before requesting to accelerate

Provide information as to why you are requesting to accelerate. Have you been approved or denied acceleration in a previous semester, please explain? If approved previously to accelerate, attach documentation of acceleration advising and approval.

Is there a minimum requirement of credit hours you must complete per semester? If so, why?

Meet with a faculty advisor and attach documentation of advising on acceleration related to desired career. Please check the faculty advisor you met with.

- Dr. Hugo Rodriguez (Health Professions)
- Dr. Lorena Lopez (Physical Therapy)
- Dr. Sue Anne Chew (Research)
- Dr. Andrea Schwarzbach (BMED Program)

Date of faculty advising meeting: _____

Student's Signature: _____ **Date:** _____

OFFICE USE ONLY

Registered/Completed BMED Pre-Professional Exam: _____

CSHR Attendance: _____

Student Organization(s)/BMED Ambassador: _____ GPA \geq 3.5: _____

Reviewed by: _____ Approved: Denied:

Department Chair's Signature: _____ Date: _____