

**PREMED ADVISEE AUDIT FORM**  
**Houghton College Premedical Program**

Name: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Academic Major(s): \_\_\_\_\_ Graduating Class of \_\_\_\_\_

Course	Semester Completed	Grade	Other Courses	Semester completed	Grade
Gen Bio I					
Gen Bio II					
Gen Chem I					
Gen Chem II					
Organic Chem I					
Organic Chem II					
Gen Physics I					
Gen Physics II					
Biochemistry					
Medical Ethics					

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Submitted