



Waiver

Premedical Requirement for MD Program

This is to certify that, I _____, fully and completely acknowledge Xavier University School of Medicine (XUSOM) academic policy regarding the completion of 90 credit hour of premedical courses prior to beginning my first Basic Science semester (MD 1 Semester).

I recognize that 90 credit hours encompasses an academic year of General Physics, General Chemistry, Organic Chemistry, General Biology, Calculus, and 15 credit hours of non-science classes (i.e. History, English, etc.).

In reference to afore mentioned prerequisites, I also fully and completely understand and acknowledge that by not completing these prerequisites to the MD 1 semester may deem me ineligible to:

1. Obtain licensure in any state which may consider these prerequisites necessary
2. Transfer to another medical school while continuing in a MD program

I release Xavier University School of Medicine of any responsibility and/or liability in reference to any discovered consequences regarding my licensure and/or transfer. XUSOM is under no obligation to take any action in any way past, present, or future, pertaining to my licensure when this contract, of my own free will, is signed, dated, and witnessed.

Signature

Date

Witness: Name & Signature

Date