

## ATTACHMENT 1B-1

### LETTER OF NOTIFICATION – 11R

#### REVISION OF EXISTING DEGREE PROGRAM (Act 747)

1. Institution submitting request: University of Arkansas Fayetteville
2. Contact person/title: Sharon Gaber /Provost and Vice Chancellor for Academic Affairs
3. Title of degree program: BS, Medical Science
4. CIP Code: 51.1102
5. Degree Code: 2880
6. Effective Date: Fall 2013
7. Reason for proposed change: Reducing total Degree Hours to 120 per ACT 747
8. Provide **current** and **revised** curriculum outline. (Indicate total credit hours for current degree and total credit hours for revised degree.)

#### **Combined Academic and Medical or Dental Degree**

Fulbright College offers a Bachelor of Science degree in medical science or medical science (dentistry). A student may substitute the first year of regular medical or dental work taken in any standard, approved medical or dental school for 33 hours of the ~~124~~(deleted 124 hours added 120 hours) ~~total~~ required for the Bachelor of Science degree provided that the following requirements are met:

1. Completion of all [university/state](#) core requirements for a B.S. degree, as appropriate, prior to student's entrance in medical or dental school.
2. Completion of a minimum of 12 hours of courses numbered above 3000 taken in Fulbright College.
3. Completion of at least 30 hours immediately prior to student's entrance in medical or dental school in residence in Fulbright College.

Students interested in this degree should consult with their adviser or with the Fulbright College dean's office early in their program. Formal application for the degree should be made to the Registrar.

This program is for highly qualified students with outstanding academic records who may be eligible for early admission to medical school or dental school programs. The year of a medical or dental study substitutes for the major in the B.S. degree program.

9. Institutional curriculum committee review/approval date for revised degree:

10. Provide additional program information requested by ADHE staff.

President/Chancellor Approval Date:

Board of Trustees Notification Date:

Chief Academic Officer:

Date: