

# Election of Minor

## Middle School Mathematics (24-26 hours)

2016-2017 Catalog

Name \_\_\_\_\_ I.D. Number \_\_\_\_\_

Planned Degree Completion Date: Mo. \_\_\_\_\_ Yr. \_\_\_\_\_

Major: \_\_\_\_\_

### Required Courses

Do not write in shaded area

			<b>Hours</b>
<input type="checkbox"/>	MATH 121	Calculus I	4.0
<input type="checkbox"/>	MATH 130	Discrete Mathematics	4.0
<input type="checkbox"/>	MATH 251	Linear Algebra I	4.0
<input type="checkbox"/>	MATH 306	Geometry	3.0
<input type="checkbox"/>	MATH 440	Secondary Mathematics Methods (W)	3.0

One course selected from:

<input type="checkbox"/>	MATH 214	History of Mathematics	3.0
<input type="checkbox"/>	MATH 330	Operations Research Models	3.0
<input type="checkbox"/>	MATH 433	Algebraic Structures	4.0

One course selected from:

<input type="checkbox"/>	MATH 115	Elementary Probability and Statistics	3.0
<input type="checkbox"/>	MATH 210	Statistical Analysis	3.0
<input type="checkbox"/>	MATH 240	Mathematical Statistics	4.0

Explain transfer, substitutions, or other irregularities:

Advisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Department Chair Signature \_\_\_\_\_ Date \_\_\_\_\_

*I understand I have final responsibility for monitoring my graduation requirements.*

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**Return this form to the Office of the Registrar**