

Election of Minor

Chemistry (23 hours)

2015-2016 Catalog

Name _____ I.D. Number _____

Planned Degree Completion Date: Mo. _____ Yr. _____

Major: _____

Required Courses

Do not write in shaded area

		Hours
<input type="checkbox"/>	CHEM 111 General Chemistry I	3.0
<input type="checkbox"/>	CHEM 111L General Chemistry I Lab	1.0
<input type="checkbox"/>	CHEM 113 General Chemistry II	3.0
<input type="checkbox"/>	CHEM 113L General Chemistry II Lab	1.0
<input type="checkbox"/>	CHEM 235 Analytical Chemistry	3.0
<input type="checkbox"/>	CHEM 235L Analytical Chemistry Lab	1.0
<input type="checkbox"/>	CHEM 311 Organic Chemistry I	3.0
<input type="checkbox"/>	CHEM 311L Organic Chemistry I Lab	1.0

Seven hours of electives chosen from CHEM 200-400 level courses with no more than four hours chosen from CHEM 380, 385, 475, 480, 485.

<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____

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