

Election of Major
Medical Technology (48-49 hours)
 2015-2016 Catalog

Name _____ I.D. Number _____

Planned Degree Completion Date: Mo. _____ Yr. _____ ✓ One Degree: ____BA ____BS

Required Courses

Hours

Do not write in shaded area

/	BIOL 108/L	Principles of Biology II/Lab	3/1
/	BIOL 204/L	Fundamentals of Human Physiology/Lab	3/1
/	BIOL 229/L	Introduction to Molecular Biology/Lab	3/1
/	BIOL 313/L	Microbiology/Lab	3/1
	BIOL 360	Genetics	4.0
	BIOL 395	Orientation to Research (W)	1.0
	BIOL 431/L	Immunology/Lab	3/1
	CHEM 111	General Chemistry I	3.0
	CHEM 111L	General Chemistry I Lab	1.0
	CHEM 113	General Chemistry II	3.0
	CHEM 113L	General Chemistry II Lab	1.0
	CHEM 311	Organic Chemistry I	3.0
	CHEM 311L	Organic Chemistry I Lab	1.0
	CHEM 312	Organic Chemistry II	3.0
	CHEM 312L	Organic Chemistry II Lab	1.0
	CHEM 235/L	Analytical Chemistry/L	3/1
	OR		
	CHEM 405	Biochemistry I (W)	3.0
	ESS 106	Medical Terminology for Allied Health	1.0
	MATH 210	Statistical Analysis	
	OR		4.0
	MATH 240	Mathematical Statistics (MATH 122 prereq)	

Senior year off campus in clinic.

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