

Election of Major

Chemistry with Biochemistry Concentration (61 hours)

2006-2007 Catalog

Name _____ I.D. Number _____

Planned Degree Completion Date: Mo. _____ Yr. _____

✓ One Degree: ___BA ___BS

Required Courses

Do not write in shaded area

		Hours
<input type="checkbox"/>	CHEM 111 Fundamentals of Chemistry I	3.0
<input type="checkbox"/>	CHEM 111L Fundamentals of Chemistry I Lab	1.0
<input type="checkbox"/>	CHEM 211 Fundamentals of Chemistry II	3.0
<input type="checkbox"/>	CHEM 211L Fundamentals of 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
<input type="checkbox"/>	CHEM 312 Organic Chemistry II	3.0
<input type="checkbox"/>	CHEM 312L Organic Chemistry II Lab	1.0
<input type="checkbox"/>	CHEM 341 Physical Chemistry I	3.0
	(MATH 122, PHYS 210 and 220 prereq)	
<input type="checkbox"/>	CHEM 341L Physical Chemistry I Lab	1.0
<input type="checkbox"/>	CHEM 342 Physical Chemistry II	3.0
	(CHEM 341 or PHYS 340 prereq)	
<input type="checkbox"/>	CHEM 342L Physical Chemistry II Lab	1.0
<input type="checkbox"/>	CHEM 405 Biochemistry I (W)	3.0
<input type="checkbox"/>	CHEM 405L Biochemistry I Lab	1.0
<input type="checkbox"/>	CHEM 406 Biochemistry II	3.0
<input type="checkbox"/>	CHEM 406L Biochemistry II Lab	1.0

Fourteen hours selected from BIOL 107, 109, 332, 360, 365

<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