

Election of Major Engineering Science (50-54 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"/>	MATH 121 Calculus I	4.0
<input type="checkbox"/>	MATH 122 Calculus II	4.0
<input type="checkbox"/>	MATH 231 Multivariable Calculus (MATH 130 prereq.)	4.0
<input type="checkbox"/>	MATH 245 Ordinary Differential Equations	3.0
<input type="checkbox"/>	MATH 251 Linear Algebra I	4.0
<input type="checkbox"/>	CPTR 105 Computer Programming I	3.0
<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"/>	PHYS 210 General Physics I	4.0
<input type="checkbox"/>	PHYS 220 General Physics II	4.0

3.0

Choose one of the following sequences:

<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 341 Physical Chemistry I	3.0
<input type="checkbox"/>	CHEM 341L Physical Chemistry I Lab	1.0

OR

<input type="checkbox"/>	PHYS 301 Electricity and Magnetism	3.0
<input type="checkbox"/>	PHYS 301L Electricity and Magnetism Lab	1.0
<input type="checkbox"/>	PHYS 310 Modern Physics	3.0
<input type="checkbox"/>	PHYS 310L Modern Physics Lab	1.0
<input type="checkbox"/>	PHYS 320 Analytical Mechanics (W)	3.0
<input type="checkbox"/>	PHYS 320L Analytical Mechanics Lab	1.0

The final year of the engineering science program is completed at another institution.

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