

Election of Major
Medical Technology (49-60 hours)
 2007-2008 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"/> BIOL 108 Principles of Biology II	4.0
<input type="checkbox"/> BIOL 108L Principles of Biology II Lab	1.0
<input type="checkbox"/> BIOL 222 Introduction to Molecular Biology	3.0
<input type="checkbox"/> BIOL 222L Introduction to Molecular Biology	1.0
<input type="checkbox"/> BIOL 313 Microbiology	3.0
<input type="checkbox"/> BIOL 313L Microbiology Lab	1.0
<input type="checkbox"/> BIOL 360 Principles of Genetics	4.0
<input type="checkbox"/> BIOL 395 Orientation to Research (W)	1.0
<input type="checkbox"/> BIOL 430 Host-Parasite Interactions	4.0
<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"/> 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"/> MATH 210 Introduction to Statistics	4.0
<input type="checkbox"/> OR	
<input type="checkbox"/> MATH 240 Mathematical Statistics (MATH122 prereq.)	4.0
One course selected from:	
<input type="checkbox"/> PHYS 111 College Physics I	4.0
<input type="checkbox"/> PHYS 112 College Physics II	4.0
<input type="checkbox"/> PHYS 210 General Physics I (MATH 121 prereq)	4.0
<input type="checkbox"/> PHYS 220 General Physics II (PHYS 210 and MATH 122 prereq.)	4.0

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