

Election of Major in Biology (49-51 hours) 2008-2009 Catalog

Name _____ I.D. Number _____

Planned Degree Completion Date: Mo. _____ Yr. _____ ✓ One Degree: _____BA _____BS

Required Courses

Hours

Do not write in shaded area

<input type="checkbox"/>	BIOL 106	Principles of Biology I	3.0
<input type="checkbox"/>	BIOL 106L	Principles of Biology I Lab	1.0
<input type="checkbox"/>	BIOL 108	Principles of Biology II	3.0
<input type="checkbox"/>	BIOL 108L	Principles of Biology II Lab	1.0
<input type="checkbox"/>	BIOL 222	Introduction of Molecular Biology	3.0
<input type="checkbox"/>	BIOL 222L	Introduction of Molecular Biology Lab	1.0
<input type="checkbox"/>	BIOL 331	Invertebrate Zoology	3.0
<input type="checkbox"/>	BIOL 331L	Invertebrate Zoology Lab	1.0
<input type="checkbox"/>	BIOL 360	Genetics	4.0
<input type="checkbox"/>	BIOL 332	DNA Science	3.0
<input type="checkbox"/>	OR		
<input type="checkbox"/>	BIOL 365	Cell Biology	3.0
<input type="checkbox"/>	BIOL 395	Orientation to Research (W)	1.0
<input type="checkbox"/>	BIOL 364 and BIOL 364L	Comparative Vertebrate Anatomy Comparative Vertebrate Anatomy Lab	3.0 1.0
<input type="checkbox"/>	OR		
<input type="checkbox"/>	BIOL 422 and BIOL 422L	Vertebrate Physiology Vertebrate Physiology Lab	3.0 1.0
<input type="checkbox"/>	BIOL 315 and BIOL 315L	Ecology Ecology Lab	3.0 1.0
<input type="checkbox"/>	OR		
<input type="checkbox"/>	BIOL 413 and BIOL 413L	Limnology Limnology Lab	3.0 1.0
<input type="checkbox"/>	BIOL 475	Senior Internship in Biology	3.0
<input type="checkbox"/>	OR		
<input type="checkbox"/>	BIOL 495	Senior Research I	2.0
<input type="checkbox"/>	AND		
<input type="checkbox"/>	BIOL 496	Senior Research II	1.0
One course selected from:			
<input type="checkbox"/>	BIOL 241/241L	Vascular Plant Systematics	3/1
<input type="checkbox"/>	BIOL 243/243L	Introduction to Algae, Plants, and Fungi	3/1
<input type="checkbox"/>	BIOL 322/322L	Plant Physiology	3/1
Four hours of electives in biology:			
<input type="checkbox"/>	BIOL _____	_____	_____
<input type="checkbox"/>	BIOL _____	_____	_____
Two semesters of chemistry with lab selected from:			
<input type="checkbox"/>	CHEM 105	Introduction to Inorganic Chemistry	3.0
<input type="checkbox"/>	CHEM 105L	Introduction to Inorganic Chemistry Lab	1.0
<input type="checkbox"/>	CHEM 106	Introduction to Organic Chemistry	3.0
<input type="checkbox"/>	CHEM 106L	Introduction to Organic Chemistry Lab	1.0
<input type="checkbox"/>	OR		
<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

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