

Election of Major Chemistry (50 hours)

2008-2009 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"/>	OR	
<input type="checkbox"/>	CHEM 112L Honors Fundamentals of Chemistry I	2.0
<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 (MATH 122, PHYS 210 and 220 prereq.)	3.0
<input type="checkbox"/>	CHEM 341L Physical Chemistry I Lab	1.0
<input type="checkbox"/>	CHEM 342 Physical Chemistry II	3.0
<input type="checkbox"/>	CHEM 342L Physical Chemistry II Lab	1.0
Two hours of research selected from:		
<input type="checkbox"/>	CHEM 380/480 Special Problems (W)	1-4
<input type="checkbox"/>	CHEM 475 Internship (W)	2-4
Two hours of laboratory courses selected from:		
<input type="checkbox"/>	CHEM 405L Biochemistry I Lab	1.0
<input type="checkbox"/>	CHEM 406L Biochemistry II Lab	1.0
<input type="checkbox"/>	CHEM 427 Instrumental Analysis Lab	2.0
Six hours of electives chosen from:		
<input type="checkbox"/>	CHEM 405 Biochemistry I (W)	3.0
<input type="checkbox"/>	CHEM 406 Biochemistry II	3.0
<input type="checkbox"/>	CHEM 425 Advanced Organic Chemistry	3.0
<input type="checkbox"/>	CHEM 435 Advanced Inorganic Chemistry	3.0

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