

**Election of Minor**  
**Chemistry (23 hours)**  
2008-2009 Catalog

Name \_\_\_\_\_ I.D. Number \_\_\_\_\_

Planned Degree Completion Date: Mo. \_\_\_\_\_ Yr. \_\_\_\_\_

Major: \_\_\_\_\_

**Required Courses**

Do not write in shaded area

		<b>Hours</b>
<input type="checkbox"/>	CHEM 111      Fundamentals of Chemistry I	3.0
<input type="checkbox"/>	CHEM 111L      Fundamentals of Chemistry	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

Seven hours of electives chosen from CHEM 200-400 level courses with no more than four hours chosen from CHEM 380, 385, 475, 480, 485.

<input type="checkbox"/>	_____	_____	_____
<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**