

Election of Major
Medical Technology (49-60 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 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	
<input type="checkbox"/>	or		1.0
<input type="checkbox"/>	CHEM 112L	Honors Fundamentals of Chemistry Lab I	
<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	
<input type="checkbox"/>	or		4.0
<input type="checkbox"/>	MATH 240	Mathematical Statistics (MATH122 prereq.)	
<small>One course selected from:</small>			
<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