Election of Major
Medical Technology (49-60 hours)
2010-2011 Catalog

Name__________________________________ I.D. Number____________________

Planned Degree Completion Date:   Mo._____ Yr.____

☑ One Degree: ____BA       ____BS

<table>
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<tr>
<th>Course Code</th>
<th>Course Name</th>
<th>Hours</th>
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<tr>
<td>BIOL 108/L</td>
<td>Principles of Biology II/Lab</td>
<td>3/1</td>
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<tr>
<td>BIOL 222/L</td>
<td>Introduction to Molecular Biology/Lab</td>
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<td>BIOL 313/L</td>
<td>Microbiology/Lab</td>
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<td>Principles of Genetics</td>
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<td>BIOL 430</td>
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<td>MATH 240</td>
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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