

Election of Minor Mathematics (22 hours)

2017-2018 Catalog

Name _____ I.D. Number _____

Planned Degree Completion Date: Mo. _____ Yr. _____

Major: _____

Required Courses

Do not write in shaded area

			Hours
<input type="checkbox"/>	MATH 121	Calculus I	4.0
<input type="checkbox"/>	MATH 130	Discrete Mathematics	
<input type="checkbox"/>	OR		4.0
<input type="checkbox"/>	MATH 202	Mathematics for Computer Science	

Fourteen hours of electives selected from:

<input type="checkbox"/>	MATH 122	Calculus II	4.0
<input type="checkbox"/>	MATH 210	Statistical Analysis	4.0
<input type="checkbox"/>	OR		
<input type="checkbox"/>	MATH 240	Mathematical Statistics	4.0
<input type="checkbox"/>	OR		
<input type="checkbox"/>	PSYC 241	Statistics and Research Design I	4.0
<input type="checkbox"/>	MATH 214	History of Mathematics	3.0
<input type="checkbox"/>	MATH 231	Multivariable Calculus	4.0
<input type="checkbox"/>	MATH 233	Scientific Computing	3.0
<input type="checkbox"/>	MATH 242	Data Analytics	3.0
<input type="checkbox"/>	MATH 245	Ordinary Differential Equations	3.0
<input type="checkbox"/>	MATH 251	Linear Algebra I	4.0
<input type="checkbox"/>	MATH 306	Geometry	3.0
<input type="checkbox"/>	MATH 330	Operations Research Models	3.0
<input type="checkbox"/>	MATH 340	Linear Algebra II	3.0
<input type="checkbox"/>	MATH 421	Real Analysis	3.0
<input type="checkbox"/>	MATH 433	Algebraic Structures	4.0
<input type="checkbox"/>	MATH 380/480	Special Problems	1-4
<input type="checkbox"/>	MATH 385/485	Seminar	1-4
<input type="checkbox"/>	CHEM 341	Physical Chemistry I	3.0
<input type="checkbox"/>	CPTR 310	Algorithms and Data Structures	3.0
<input type="checkbox"/>	ECON 336	Game Theory	3.0
<input type="checkbox"/>	ECON 352	Econometrics	4.0
<input type="checkbox"/>	PHYS 301	Electricity and Magnetism	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