

Election of Major
Medical Technology (48-49 hours)
 2017-2018 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/L | Principles of Biology II/Lab | 3/1 |
| <input type="checkbox"/> | BIOL 204/L | Fundamentals of Human Physiology/Lab | 3/1 |
| <input type="checkbox"/> | BIOL 229/L | Introduction to Molecular Biology/Lab | 3/1 |
| <input type="checkbox"/> | BIOL 313/L | Microbiology/Lab | 3/1 |
| <input type="checkbox"/> | BIOL 360 | Genetics | 4.0 |
| <input type="checkbox"/> | BIOL 395 | Orientation to Research (W) | 1.0 |
| <input type="checkbox"/> | BIOL 431 | Immunology | 3/1 |
| <input type="checkbox"/> | CHEM 111 | General Chemistry I | 3.0 |
| <input type="checkbox"/> | CHEM 111L | General Chemistry I Lab | 1.0 |
| <input type="checkbox"/> | CHEM 113 | General Chemistry II | 3.0 |
| <input type="checkbox"/> | CHEM 113L | General Chemistry II 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 235/L | Analytical Chemistry/L | 3/1 |
| <input type="checkbox"/> | OR | | |
| <input type="checkbox"/> | CHEM 405 | Biochemistry I (W) | 3.0 |
| <input type="checkbox"/> | ESAT 106 | Medical Terminology for Allied Health | 1.0 |
| <input type="checkbox"/> | MATH 210 | Statistical Analysis | |
| <input type="checkbox"/> | OR | | 4.0 |
| <input type="checkbox"/> | MATH 240 | Mathematical Statistics (MATH 122 prereq) | |

Senior year off campus in clinic.

Explain transfer, substitutions, or other irregularities:

Advisor Signature _____ Date _____

Program Director 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