

Election of Minor

Biology (24 hours)

2018-2019 Catalog

Name _____ I.D. Number _____

Planned Degree Completion Date: Mo. _____ Yr. _____

Major: _____

Required Courses

Do not write in shaded area

		Hours
<input type="checkbox"/>	BIOL 106 Principles of Biology I	3.0
<input type="checkbox"/>	BIOL 106L Principles of Biology I Lab	1.0
<input type="checkbox"/>	BIOL 108 Principles of Biology II	3.0
<input type="checkbox"/>	BIOL 108L Principles of Biology II Lab	1.0

Sixteen hours of departmental electives:

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