

Election of Major Biology-Chemistry (55-58 hours)

2019-2020 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 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
<input type="checkbox"/>	BIOL 229	Introduction to Molecular Biology	3.0
<input type="checkbox"/>	BIOL 229L	Introduction to Molecular Biology Lab	1.0
<input type="checkbox"/>	BIOL 313/L	Microbiology/Lab	3/1
<input type="checkbox"/>	OR		
<input type="checkbox"/>	BIOL 365	Cell Biology	3.0
<input type="checkbox"/>	BIOL 364	Comparative Vertebrate Anatomy	3.0
<input type="checkbox"/>	BIOL 364L	Comparative Vertebrate Anatomy Lab	1.0
<input type="checkbox"/>	BIOL 422	Advanced Human Physiology	3.0
<input type="checkbox"/>	BIOL 422L	Advanced Human Physiology Lab	1.0
<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 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"/>	CHEM 405	Biochemistry I (W)	3.0
<input type="checkbox"/>	CHEM 405L	Biochemistry I Lab	1.0
<input type="checkbox"/>	OR		
<input type="checkbox"/>	CHEM 406	Biochemistry II	3.0

One year of physics selected from:

<input type="checkbox"/>	PHYS 111	College Physics I	4.0
<input type="checkbox"/>	PHYS 112	College Physics II	4.0
<input type="checkbox"/>	OR		
<input type="checkbox"/>	PHYS 210	General Physics I	4.0
<input type="checkbox"/>	PHYS 220	General Physics II	4.0

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