

Election of Major in Biology (50-52 hours)

2019-2020 Catalog

Name _____

I.D. Number _____

Planned Degree Completion Date: Mo. _____ Yr. _____

✓ One Degree: ___BA ___BS

Required Courses

Do not write in shaded area

		Hours
<input type="checkbox"/>	BIOL 106/L Principles of Biology I/Lab	3/1
<input type="checkbox"/>	BIOL 108/L Principles of Biology II/Lab	3/1
<input type="checkbox"/>	BIOL 229/L Introduction of Molecular Biology/Lab	3/1
<input type="checkbox"/>	BIOL 331/L Invertebrate Zoology/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 364/L Comparative Vertebrate Anatomy/Lab	
<input type="checkbox"/>	OR	3/1
<input type="checkbox"/>	BIOL 422/L Advanced Human Physiology/Lab	
<input type="checkbox"/>	BIOL 315/L Ecology/Lab	
<input type="checkbox"/>	OR	3/1
<input type="checkbox"/>	BIOL 413/L Limnology/Lab	

One course selected from:

<input type="checkbox"/>	BIOL 241/241L Vascular Plant Systematics/Lab	3/1
<input type="checkbox"/>	BIOL 243/243L Introduction to Algae, Plants, and Fungi/Lab	2/1
<input type="checkbox"/>	BIOL 322/322L Plant Physiology/Lab	3/1

One course selected from:

<input type="checkbox"/>	BIOL 313/313L Microbiology/Lab	3/1
<input type="checkbox"/>	BIOL 332 DNA Science	3.0
<input type="checkbox"/>	BIOL 365 Cell Biology	3.0

Four hours of electives in biology:

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

Three hours of internship:

<input type="checkbox"/>	BIOL 475 Internship in Biology	
<input type="checkbox"/>	OR	3.0
<input type="checkbox"/>	BIOL 496 Research in Biology	

Two semesters of chemistry with lab selected from one sequence:

<input type="checkbox"/>	CHEM 105 Introduction to Inorganic Chemistry	3.0
<input type="checkbox"/>	CHEM 105L Introduction to Inorganic Chemistry Lab	1.0
<input type="checkbox"/>	CHEM 106 Introduction to Organic Chemistry	3.0
<input type="checkbox"/>	CHEM 106L Introduction to Organic Chemistry Lab	1.0
<input type="checkbox"/>	OR	
<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

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 _____

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