

Election of Minor

Middle School Mathematics (24-26 hours)

2019-2020 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	4.0
<input type="checkbox"/>	MATH 251	Linear Algebra I	4.0
<input type="checkbox"/>	MATH 306	Geometry	3.0
<input type="checkbox"/>	MATH 440	Secondary Mathematics Methods (W)	3.0

One course selected from:

<input type="checkbox"/>	MATH 214	History of Mathematics	3.0
<input type="checkbox"/>	MATH 330	Operations Research Models	3.0
<input type="checkbox"/>	MATH 433	Algebraic Structures	4.0

One course selected from:

<input type="checkbox"/>	MATH 115	Elementary Probability and Statistics	3.0
<input type="checkbox"/>	MATH 210	Statistical Analysis	3.0
<input type="checkbox"/>	MATH 240	Mathematical Statistics	4.0

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