

# Election of Major Chemistry (45 hours)

2020-2021 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"/>	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 341      Physical Chemistry I (MATH 122, PHYS 210 and 220 prereq.)	3.0
<input type="checkbox"/>	CHEM 341L      Physical Chemistry I Lab	1.0
<input type="checkbox"/>	CHEM 342      Physical Chemistry II	3.0
<input type="checkbox"/>	CHEM 342L      Physical Chemistry II Lab	1.0
<input type="checkbox"/>	CHEM 403      Chemical Communications	1.0
<input type="checkbox"/>	PHYS 210      General Physics I (MATH 121 prereq.)	4.0
<input type="checkbox"/>	PHYS 220      General Physics II	4.0

## Two hours of laboratory work selected from:

<input type="checkbox"/>	CHEM 405L      Biochemistry I Lab	1.0
<input type="checkbox"/>	CHEM 441      Advanced Analytical Lab I	1.0
<input type="checkbox"/>	CHEM 443      Advanced Analytical Lab II	1.0

## Six hours of electives chosen from:

<input type="checkbox"/>	CHEM 405      Biochemistry I (W)	3.0
<input type="checkbox"/>	CHEM 406      Biochemistry II	3.0
<input type="checkbox"/>	CHEM 425      Advanced Organic Chemistry	3.0
<input type="checkbox"/>	CHEM 435      Advanced Inorganic Chemistry	3.0

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**