

Election of Major
Medical Technology (47-48 hours)
 2020-2021 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 108/L	Principles of Biology II/Lab	3/1
<input type="checkbox"/>	BIOL 204/L	Fundamentals of Human Physiology/Lab	3/1
<input type="checkbox"/>	BIOL 229/L	Introduction to Molecular Biology/Lab	3/1
<input type="checkbox"/>	BIOL 313/L	Microbiology/Lab	3/1
<input type="checkbox"/>	BIOL 260	Genetics	3.0
<input type="checkbox"/>	BIOL 395	Orientation to Research (W)	1.0
<input type="checkbox"/>	BIOL 431	Immunology	3/1
<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 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 235/L	Analytical Chemistry/L	3/1
<input type="checkbox"/>	OR		
<input type="checkbox"/>	CHEM 405	Biochemistry I (W)	3.0
<input type="checkbox"/>	ESAT 106	Medical Terminology for Allied Health	1.0
<input type="checkbox"/>	DATA 210	Statistical Analysis	
<input type="checkbox"/>	OR		4.0
<input type="checkbox"/>	MATH 240	Mathematical Statistics (MATH 122 prereq)	

Senior year off campus in clinic.

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