

Election of Major Engineering Science (54 hours)

2015-2016 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"/>	MATH 121	Calculus I	4.0
<input type="checkbox"/>	MATH 122	Calculus II	4.0
<input type="checkbox"/>	MATH 231	Multivariable Calculus	4.0
<input type="checkbox"/>	MATH 245	Ordinary Differential Equations	3.0
<input type="checkbox"/>	MATH 251	Linear Algebra I (MATH 130 prereq.)	4.0
<input type="checkbox"/>	CPTR 105	Computer Programming I	3.0
<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"/>	PHYS 210	General Physics I	4.0
<input type="checkbox"/>	PHYS 220	General Physics II	4.0

Choose one of the following sequences:

<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 341	Physical Chemistry I	3.0
<input type="checkbox"/>	CHEM 341L	Physical Chemistry I Lab (W)	1.0

OR

<input type="checkbox"/>	PHYS 301	Electricity and Magnetism	3.0
<input type="checkbox"/>	PHYS 301L	Electricity and Magnetism Lab	1.0
<input type="checkbox"/>	PHYS 310	Modern Physics	3.0
<input type="checkbox"/>	PHYS 310L	Modern Physics Lab	1.0
<input type="checkbox"/>	PHYS 320	Analytical Mechanics (W)	3.0
<input type="checkbox"/>	PHYS 320L	Analytical Mechanics Lab	1.0

The final year of the engineering science program is completed at another institution.

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