

Hours Completed \_\_\_\_\_

Catalog Term \_\_\_\_\_

## DECLARATION OF MINOR IN PRE-MEDICINE

Name: \_\_\_\_\_

Date: \_\_\_\_\_

UIN: \_\_\_\_\_

Major: \_\_\_\_\_

Email: \_\_\_\_\_

Expected Grad date: \_\_\_\_\_

### COURSE NUMBERS

Grade of "C" or better required in all courses used to meet minor requirements.	CREDIT HOURS
A) <b>BIOL 213</b> - requires BIOL 112; CHEM 120	<b>3</b>
B) <b>BICH 409</b> - requires CHEM 227	<b>3</b>
C) <b>PHYS 202 OR 207</b>	<b>4</b>
D) Select one of the following: <b>STAT 211, 301, 302, 303 OR 312</b>	<b>3</b>
E) Select one of the following: <b>BIOL 319, BIOL 320, BIOL 351 OR BIOL 388</b>	<b>4</b>
<b>TOTAL</b>	<b>17 HRS</b>

The minor must be requested before the student has achieved U4 classification (90 hours).

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Reviewed and Approved:*

Minor Department Authorized Approval Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Office Phone: \_\_\_\_\_

*Reviewed and Approved:*

Major Department Authorized Approval Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Office Phone: \_\_\_\_\_

[ ] Entered in COMPASS form SZAREGS on \_\_\_\_\_ (Date) By Major Department

Copy sent to: Student's Dean, Student, Major Dept. and Minor Dept.