Hours Completed_____ Catalog Term_____

Date:_____

Major:_____

DECLARATION OF MINOR IN BIOINFORMATICS

Name:_____

UIN:_____

Email:_____

Expected Grad date:_____

COURSE NUMBERS

Grade of "C" or better required in all courses used to meet minor	CREDIT HOURS
requirements.	
A) CSCE110 or CSCE111	4
B) BIOL213, GENE302 or GENE/BIMS320	3
C) BIOL 451	3
D) BIOL350	3
E) Choose one from the following:	3-4
BIOL450, BICH464, BICH/GENE419, VTPP438,	
BIOL430 or STAT446	
TOTAL	16-17 HOURS

Student Signature:		Date:	
Reviewed and Approved:			
Minor Department Authorized Approval Sig	gnature:		
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.