Hours Completed_	
Catalog Term	

## **DECLARATION OF MINOR IN PRE-MEDICINE**

Name:	Date:	Date: Major: Expected Grad date:	
UIN:	Major:		
Email:	Expected		
CO	URSE NUMBERS		
Grade of "C" or better required in a requirements.	all courses used to meet mind	or CREDIT HOURS	
A) BIOL 213 - requires BIOL 112;	CHEM 120	3	
B) BICH 409 - requires CHEM 228			
C) PHVS 202 OP 207		1	
<b>D</b> ) Select one of the following:		2	
STAT 211, 301, 302, 303 OR 31	2		
<b>E</b> ) Select one of the following:		4	
BIOL 319, BIOL 320, BIOL 35	1 OR		
BIOL 388			
TOT	AL	17 HRS	
Student Signature:		Date:	
Minor Department Authorized Approval S	gnature:		
Date:	Office Phone:		
Reviewed and Approved:			
Major Department Authorized Approval S	gnature:		
Date:	Office Phone:		
[ ] Entered in COMPASS form SZAREGS	on (Date)	By Major Department	
Copy sent to: Student's Dean, Student, Ma	jor Dept. and Minor Dept.		