

Hours Completed _____
Catalog Term _____

DECLARATION OF MINOR IN GENETICS

Name: _____

Date: _____

UIN: _____

Major: _____

Email: _____

Expected Graduation Date: _____

Number of Required Semester Credit Hours of Genetics in **MAJOR** (_____)

COURSE NUMBERS

COURSE	CREDIT HOURS
GENE 320 or GENE 301 or GENE 302	3
GENE 412	3
GENE 431	3
*GENE Elective	3
*GENE Elective	3
TOTAL	15 HOURS

*Hours to be selected from any 400-level course in GENE with approval of academic advisor.

Student's Signature: _____

Date: ____/____/____

Reviewed and Approved:

Minor Department Authorized Approval Signature: _____

Date: _____

Phone: _____

Reviewed and Approved:

Major Department Authorized Approval Signature: _____

Date: _____

Phone: _____

[] Entered in COMPASS form SZAREGS on ____/____/____ by Major Department.

Xerox copies to: Student's Dean, Student, Major Department and Minor Department