

Full name: _____

Hamline ID: _____

Phone #: _____

Anticipated graduation date (such as: May, 2022) _____

DEPT	COURSE	TITLE	GRADE	CREDITS	TERM/ YEAR	SUBSTITUTE COURSE*	BREADTH OF STUDY**
BIOL	1120	Biology of Human Function		4			no
BIOL	3050	Principles of Genetics		4			no
BIOL	3060	Principles of Cell Biology		4			no
One year of general chemistry or one semester of advanced general chemistry:							
CHEM	1130	General Chemistry I		4			yes
CHEM	1140	General Chemistry II		4			yes
or							
CHEM	1500	Advanced General Chemistry		4			yes
One year of organic chemistry:							
CHEM	3450	Organic Chemistry I		4			yes
CHEM	3460	Organic Chemistry II		4			yes
Calculus I/II:							
MATH	1170	Calculus I		4			yes
MATH	1180	Calculus II		4			yes
Psychology:							
PSY	1330	General Psychology		4			no
PSY	3420	Cognitive Neuroscience		4			no
PSY	3570	Biopsychology		4			no
One statistics course from the following:							
MATH	1200	Statistics		4			yes
QMBE	1310	Statistics		4			yes
Electives: At least two electives must be 5000-level courses							
Two Neuroscience electives course chosen from the following:							
BIOL	3980	Topic: Molecular Neuroscience		4			no
BIOL	5980	Topic: Neurophysiology/Anatomy		4			no
PSY	3580	Sensation and Perception		4			no
PSY	5420	Belief in the Brain		4			no
Two general electives chosen from the following:							
BIOC	3820	Biochemistry I		4			yes
BIOL	5900	Molecular Cell Biology		4			no
CHEM	3700	Chemical Biology		4			yes
PSY	3350	Research Methods in Psychology		4			no
PSY	3510	Psychology of Emotion		4			no
PSY	3980	Topic: Individual Difference		4			no
Writing intensive course in the major:							

*Department approval is required for transfer courses or other substitutions. Courses used as substitutions must be initialed by Department Chair.

**In order to graduate, you must have at least 48 Breadth of Study credits (credits outside your major department). See above for courses in your major that also count toward Breadth of Study.

Student signature: _____

Date: _____

(required)

Biology advisor signature: _____

Date: _____

(required)

Department chair signature: _____

Date: _____

(required for course substitutions and waivers)