

Full name: \_\_\_\_\_ Hamline ID: \_\_\_\_\_ Phone #: \_\_\_\_\_

Anticipated graduation date (such as: May, 2023) \_\_\_\_\_

DEPT	COURSE	TITLE	GRADE	CREDITS	TERM/ YEAR	SUBSTITUTE COURSE*
BIOL	1510	Integrated Concepts in Biology I		4		
BIOL	1520	Integrated Concepts in Biology II		4		
<b>One year of general chemistry:</b>						
CHEM	1130	General Chemistry I		4		
CHEM	1140	General Chemistry II		4		
<b>or</b>						
CHEM	1500	Advanced General Chemistry		4		
<b>three biology electives at the 3000-level:</b>						
BIOL	3____			4		
BIOL	3____			4		
BIOL	3____			4		

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

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 (required)

Department chair/director signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 (required)