



ACADEMIC TENTATIVE DEGREE COMPLETION CHECKLIST

Student Name _____	Banner ID _____	
Catalog Year _____	Anticipated Graduation Date _____	Advisor _____
Additional Comments: _____		

YEAR 1 WL	Semester 1 Fall	Hours	Semester 2 Spring	Hours
	Semester Hours:		Semester Hours:	
	Notes:			

YEAR 2 WL	Semester 1 Fall	Hours	Semester 2 Spring	Hours
	Semester Hours:		Semester Hours:	
	Notes:			

YEAR 3 WL	Semester 1 Fall	Hours	Semester 2 Spring	Hours
	Semester Hours:		Semester Hours:	
	Notes:			

YEAR 4 WL	Semester 1 Fall	Hours	Semester 2 Spring	Hours
	Semester Hours:		Semester Hours:	
	Notes:			

COURSE ROTATIONS FOR REQUIRED COURSES:

BIO 302/303 HUMAN A&P I	Both semesters
BIO 325/326 MICROBIOLOGY	Both semesters
BIO 401 GENETICS	Spring only
BIO 404/405 ECOLOGY	Spring only
BIO 426 COMP ANIMAL PHYSIOLOGY	Spring only
BIO 460/461 MOLECULAR BIOLOGY	Fall only
BIO 470 BIOCHEMISTRY	Fall only
BIO 472 CELL BIO	Spring only
BIO 480 BIOLOGY CAPSTONE	Full Year (Fall + Spring, in order)
CHEM 340/341 ORGANIC CHEM I	Fall only
CHEM 342/343 ORGANIC CHEM II	Spring only