



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 480 BIOLOGY CAPSTONE	Full year
BIO 426 COMP ANIMAL PHYSIOLOGY	Spring only
BIO 456 ANIMAL NUTRITION	Fall, every other year
BIO 458 REPRODUCTIVE PHYSIOLOGY	Spring, every other year
BIO 343 VERTEBRATE ZOOLOGY	Check with Department Chair
BIO 356 PARASITOLOGY	Odd Springs
BIO 401 GENETICS	Spring only
BIO 470 BIOCHEMISTRY	Fall only