

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** (\_\_\_\_\_)

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**COURSE NUMBERS**

<b>COURSE</b>	<b>CREDIT HOURS</b>
GENE 320 or GENE 301 or GENE 302	3
GENE 412	3
GENE 431	3
*GENE Elective	3
*GENE Elective	3
<b>TOTAL</b>	<b>15 HOURS</b>

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

Student's Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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**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