IDN: _____ Printed Name_____

ChemistryMinor Code:A002

See your advisor to declare your minor The prerequisites and corequisites of the degree requirements are subject to change.

Required12 hours:

Courses

CHEM 1403/1401 College Chemistry I/Lab	4 Hours	Grade
CHEM 1413/1411 College Chemistry II/Lab	4 Hours	Grade
CHEM 2703/2701 Organic Chemistry I/Lab	4 Hours	Grade

Select12 hours from CHEM 3000 or 4000 series cours Students must choose nine hours of theory and no more than three hours of lab.

Courses

 VariableHours	Grade
 VariableHours	Grade
 VariableHours	Grade
 VariableHours	Grade

Total Hours:24

Transfer Course Information

The Arkansas Course Transfer System (ACTS) contains information about the transferability of courses within Arkansas public colleges and universities. Students are guaranteed the transfer of applicable credits and the equitable treatment of the application of credits for the admissions and degree requirements. Courses transferability is not guaranteed for courses listed in ACTS as "No Comparable Courses."ANGTS as Course Transfer System http://acts.adhe-sellect Course Transfer. See Acceptance of Transfer Credits section of the current academic catalog for a complete list of trans provisions.

Student Degree Program Requirements.

A student's degree program requirements are those specified in the catalog in effect at the time of declaration of program minor. Students must meet the above program requirements and the graduation requirements as indicated by institutional and college placy. The program can be changed only with the approval of the official advisor. If original courses are eliminated, students may be required to meet new curriculum requirements in the degree program. If students are not enrolled for two or more consecutiverms (excluding summer terms), they musterneter under the program requirements of the current catalog. Students are responsible for understanding program requirements and changes. This document is not official until signed and dated by both the stademan authorized university representative.

Student Signature _____ Date _____

Advisor Signature

Date