

MEMO

Date: _____

To: Registrar

From: Chemistry Department

Re: Elective Credit for Major or Minor, Chemistry

Please apply the following courses to fulfill the elective credit requirements for the Chemistry

(Circle One)

Bachelor of Science Major

Chemistry Minor

for _____
Student Name

Student Number (not SSN)

Catalog Year: _____

Courses: _____ Credits: _____

Total Elective Credits: _____

Thank you! _____
Advisor's Signature