

BIOLOGY MAJOR APPLICATION FORM

Department of Biological Sciences
College of the Sciences, Central Washington University

Name: _____ Student ID#: _____
Last, First, Initial

Email: _____ Class Level: FR SO JR SR GR

Phone: (____) _____ Alt. Phone: (____) _____ Catalog Year _____

Do you have an AA, Bachelors degree? _____ From Where? _____

Do you have a declared minor? _____ Are you withdrawing from a major? (please list) _____

ENTRY-TO-MAJOR QUALIFICATIONS

1. Foreign Language – B.A. only (Two years high school or one year college) Completed or Planned
2. Class Requirements: BIOL 110, 111, 112 **OR** BIOL 181, 182, 183 **PLUS** Completed
CHEM 181/181Lab, 182/182Lab, 183/183Lab, MATH 153, and BIOL 213
3. MFT Test: Overall Score _____; subset scores _____ Completed
(N/A for students who took the BIOL 110, 111, 112 series)
4. Dept. of Education approval for BS Teaching Only. _____ Completed
Signature of Advisor

**If you have not met these qualifications, please complete a Pre-major Application form.

MAJOR SELECTION

Degree

- | | | | |
|------------------------------|--------------------------|--|--------------------------|
| BA-Biology (BIOLBA) | <input type="checkbox"/> | BS-Biology (BIOLBS): | |
| BS-Biology Teaching (BIOLTE) | <input type="checkbox"/> | General Biology - no specialization (GEBI) | <input type="checkbox"/> |
| | | Cell and Molecular Specialization (CAMB) | <input type="checkbox"/> |
| | | Ecology Specialization (ECOL) | <input type="checkbox"/> |
| | | Organismal Biology Specialization (ORBI) | <input type="checkbox"/> |

In addition to your major, are you pursuing any of the following pre-health profession programs?

- | | | | | | |
|--------------------------|--------------------------|----------------------|--------------------------|--|--------------------------|
| Pre-Dentistry | <input type="checkbox"/> | Pre-Physical Therapy | <input type="checkbox"/> | Pre-Pharmacy (see note) | <input type="checkbox"/> |
| Pre-Medicine | <input type="checkbox"/> | Pre-Veterinary | <input type="checkbox"/> | Apply for Pre-Pharmacy through Chemistry Dept. | |
| Pre-Occupational Therapy | <input type="checkbox"/> | Pre-Nursing | <input type="checkbox"/> | Other _____ | <input type="checkbox"/> |
| Pre-Optometry | <input type="checkbox"/> | Pre-Chiropractic | <input type="checkbox"/> | | |

Student: _____
Signature Date

Advisor: _____
Signature Date Print Name

Dept. Chair: _____
Signature Date