

Department of Chemistry – Yale University
Combined BS/MS Course of Study Form

Name: _____ SID: _____ Class: _____ Date: _____

I. BS-Intensive Core Requirements (course number & term of completion)

Lecture Courses

Laboratory Courses

II. Independent Research Requirements

Research Advisor for CHEM 490/990: _____

Title of Research Project: _____

III. Advanced Course Requirements (course number & term of completion)

BS-Intensive Courses

MS Courses

Overlapping Courses (no more than 4): _____

DUS Approval Signature: _____ Name: _____ Date: _____

DGS Approval Signature: _____ Name: _____ Date: _____