

Department of Chemistry – Yale University

BA/BS Course of Study Form

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

E-Mail Address: _____ Degree: BA BS BS-INT

Fall Term	First Year	Spring Term

Fall Term	Second Year	Spring Term

Fall Term	Third Year	Spring Term

Fall Term	Fourth Year	Spring Term

Fall Term	Additional Year (as needed)	Spring Term

QR Prerequisites: MATH _____ PHYS _____
General Chem: Lecture _____ Laboratory _____
Organic Chem: Lecture _____ Laboratory _____

Inorganic Lecture: _____ **Physical Lecture:** _____ **Physical Lab:** _____ (BS./BS-INT)

Advanced Courses: Adv Chemistry Laboratory _____ Adv Chemistry Lecture _____ (BA/BS) _____ (BS-INT)

Senior Requirement: _____ (CHEM 400 or CHEM 490)

Approved Substitutions: _____

DUS Approval Signature: _____ **Name:** _____ **Date:** _____