

Department of Chemistry – Yale University

BA/BS Course of Study Form

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

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

Term: *First Year* Term:

Term: *Second Year* Term:

Term: *Third Year* Term:

Term: *Fourth Year* Term:

Term: *Additional (as needed)* 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: _____