

Department of Chemistry – Yale University

BA/BS Course of Study Form

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

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

Term: _____ Year: _____ Term: _____

Term: _____ Year: _____ Term: _____

Term: _____ Year: _____ Term: _____

Term: _____ Year: _____ Term: _____

QR Prerequisites: MATH _____ PHYS _____

General Chem: Lecture _____ Laboratory _____

Organic Chem: Lecture _____ Laboratory _____

Inorganic Lecture: _____ Physical Lecture: _____ Physical Lab: _____ (BS or BS-INT)

Advanced Courses: *Adv Chemistry Lab* _____ *Adv Chemistry Lecture* _____ (BA or BS) _____ (BS-INT)

Senior Requirement: _____

Approved Substitutions: _____

DUS Approval Signature: _____ Name: _____ Date: _____