

DEPARTMENT OF ZOOLOGY

NAME _____ DEGREE _____

SIGNATURE _____

COURSES TO BE TAKEN

<u>ZOOLOGY</u>			<u>SECONDARY AREA</u>		
No.	Title	Sem. Hrs.	Dept. No.	Title	Sem. Hrs.
			Total _____ hrs.		
			<u>DEFICIENCIES</u>		
			Total _____ hrs.		
<u>TOOL REQUIREMENTS (M.S. & Ph.D.)</u>			<u>OTHERS</u>		
1.	_____				
2.	_____				
			Total _____ hrs.		

COMMITTEE APPROVAL

_____, Chairman & Advisor

Date _____

FILED-DGSZ