

Immunology and Infection Program – Specialization 2017/2018

Please be aware that by neglecting to pay confirmation deposit by specified deadline, your entire registration will be deleted.

ID#	LAST NAME	FIRST NAME	YR
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***69 REQUIRED COURSES:**

“P” means Pending i.e. you are currently in or are going to take the course

BIOCH 200	<input type="checkbox"/>	P	_____	(*3)	CHEM 263	<input type="checkbox"/>	P	_____	(*3)
BIOL 107	<input type="checkbox"/>	P	_____	(*3)	IMIN 200	<input type="checkbox"/>	P	_____	(*3)
BIOL 108	<input type="checkbox"/>	P	_____	(*3)	MICRB 265	<input type="checkbox"/>	P	_____	(*3)
BIOL 201	<input type="checkbox"/>	P	_____	(*3)	IMIN 324	<input type="checkbox"/>	P	_____	(*3)
BIOL 207	<input type="checkbox"/>	P	_____	(*3)	IMIN 371	<input type="checkbox"/>	P	_____	(*3)
BIOL 208	<input type="checkbox"/>	P	_____	(*3)	IMIN 452	<input type="checkbox"/>	P	_____	(*3)
CHEM 101	<input type="checkbox"/>	P	_____	(*3)	MMI 351	<input type="checkbox"/>	P	_____	(*3)
CHEM 102	<input type="checkbox"/>	P	_____	(*3)	ZOOL 352	<input type="checkbox"/>	P	_____	(*3)
CHEM 164 or 261	<input type="checkbox"/>	P	_____	(*3)	STAT 141 OR 151	<input type="checkbox"/>	P	_____	(*3)
1 of MATH 114, 117, 125, 134, 144	<input type="checkbox"/>	P	_____	(*3)					
ZOOL 241 and 242; or PHYSL 210; or 212 and 214	<input type="checkbox"/>	P	_____	(*3)				_____	(*3)
GENET 270 or BIOCH 330**	<input type="checkbox"/>	P	_____	(*3)					
1 of BIOCH 430; GENET 304; MICRB 316	<input type="checkbox"/>	P	_____	(*3)					

***9 IMIN OPTIONS** from the Options List below: (At least *3 must be a laboratory course)

_____ (*3) _____ (*3) _____ (*3)

***24 APPROVED OPTIONS** from the Options List below or options approved by an advisor

_____ (*3) _____ (*3) _____ (*3)

_____ (*3) _____ (*3) _____ (*3)

_____ (*3) _____ (*3)

OPTIONS LIST: BIOCH 320, 330, 430, 450; BIOL 391, 409; CELL 300; ENT 378; GENET 304; IMIN 372, 401, 405, 410; MICRB 316, 410; MMI 352, 391,405, 415, 426, 436, 445; ZOOL 354, 452.

***18 ARTS OPTIONS (junior level ENGL or junior WRS recommended)**

_____ (*3) _____ (*3) _____ (*3)

_____ (*3) _____ (*3) _____ (*3)

REGISTRATION FOR THE _____ ACADEMIC YEAR:

_____ (*3) _____ (*3) _____ (*3) _____ (*3) _____ (*3)

_____ (*3) _____ (*3) _____ (*3) _____ (*3) _____ (*3)

Total Junior Credits to date (max = 42): _____ **Total Outside Credits (max = 12):** _____

NOTES (if any): _____

I have advised this student and approve the program as outlined above:

Advisor Signature: _____ **Date:** _____

I am aware that it is the student’s responsibility for the completeness and accuracy of his/her registration and for the completion of the specified program requirements. This requires careful attention to course selection and compliance with prerequisite and co-requisite requirements.

Student Signature: _____ **Date:** _____

Note: Transfer Credit: A maximum of two years of transfer credit will be granted towards a U of A undergraduate degree program (*60).

** GENET 270 is the prerequisite for GENET 304, MICRB 316; while BIOCH 320 and 330 are prerequisites for BIOCH 430