

## Schedule Proposal Form for Registration Advising

**Select Semester:**   ☐ Fall   ☐ Spring   ☐ Summer   **Year:** \_\_\_\_\_

### Question 1

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

UMKC Email Address: \_\_\_\_\_@mail.umkc.edu Phone: \_\_\_\_\_

### Question 2

I am pursuing the following degree program:

- ☐ BA Biology
- ☐ BS Biology
  - ☐ Cell & Molecular Basis of Health & Disease
  - ☐ Medical Technology/Clinical Lab Science
  - ☐ Bioinformatics
- ☐ BA Biology/MD (6 Yr Med ONLY)
- ☐ BS Biology/MD (6 Yr Med ONLY)
- ☐ Biotechnology
- ☐ Pre-Dental Concentration

### Question 3

I am pursuing a minor in \_\_\_\_\_

In addition to Biology I am working to complete the requirements for a

☐ Double Major   ☐ Double Degree   in \_\_\_\_\_

### Question 4

I am planning to enroll in the following courses at UMKC:

Course Dept/#	Section #	Course Name	Credit Hours
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total Credit Hours			_____

### Question 5

- ☐ Yes   ☐ No I have previously completed the Written English Proficiency Test (WEPT) or plan to complete the Roo Writer Assessment this semester?
- ☐ Yes   ☐ No I have previously taken or am registered to take the Major Field Exam (MFE) or am currently enrolled in Bio 498WI Critical Analysis this semester?
- ☐ Yes   ☐ No I have previously completed or am registered to complete the ETS Proficiency Profile Exit Examination (EPP-formerly MAPP)?
- ☐ Yes   ☐ No I have submitted an Application for Graduation?

Signature \_\_\_\_\_ Date \_\_\_\_\_

Submit completed form to Lauren Petrillo-Room 013 lower level Biological Sciences Building for approval.