Bates College - Department of Biology - Rev. 8/2010
Biology Comprehensive Examination Registration Form

Please complete and submit this form to Dr. Bob Thomas of the Department of Biology at least one week prior to the scheduled Comprehensive Exam date. You will be notified of where and when to take the exam.

NAME: __________________________________________ PHONE: __(       )____________
BOX#:________ EMAIL:____________________________

EXAM DATE: ______________________

HAVE YOU TAKEN THE GRE SUBJECT TEST IN BIOLOGY? ________   DATE: ____________ SCORE: ________

Please list below the chemistry and biology courses you have taken at bates (include year and semester), or, approved courses from other institutions that have been applied to your biology major. If you were exempted and did not take one or more of the biology core courses or chemistry courses, tell us why this might cause us to alter the make-up of your exam.

CHEMISTRY COURSES:

• CHEM 107/108________ OTHER:____________________
• CHEM 218________ OTHER:____________________
• CHEMISTRY ALTERNATIVES: Chem 203, 212 or Geology 363):___________________

100-LEVEL BIOLOGY COURSES:

• ______________
• ______________W/LAB

THE CORE:

• BIO 101________ OTHER:____________________
• BIO 270________ OTHER:____________________
• BIO 242________ OTHER:____________________

THE ELECTIVES:

• BIO ____ OTHER:____________________
• BIO ____ OTHER:____________________
• BIO ____ OTHER:____________________
• BIO ____ OTHER:____________________
• BIO ____ OTHER:____________________
• BIO ____ OTHER:____________________
• BIO ____ OTHER:____________________

THESIS TITLE (if applicable):________________________________________________________
_______________________________________________________________________________

COMMENTS?