Bates College - Department of Biology - Rev. 12/2011 Biology Comprehensive Examination Registration Form

Please complete and submit this form to **Dr. Donald Dearborn** 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 GR	RE SUBJECT TEST IN BIOLOGY?	DATE:	SCORE:
Please list below the chemistry ar	nd biology courses you have ta	ken at bates (include yea	r and semester), or, approved
ourses from other institutions th	at have been applied to your k	oiology major. If you wer	e exempted and did not take
one or more of the biology core o	ourses or chemistry courses, to	ell us why this might caus	se us to alter the make-up of
our exam.			
CHEMISTRY COURSES:			
	OTHER:		
	OTHER:		
 CHEMISTRY ALTE 	RNATIVES: Chem 203, 212 or G	Geology 363):	
OO LEVEL BLOLOCY COLUBSES.			
.00-LEVEL BIOLOGY COURSES:			
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•	_ 		
HE CORE:			
 BIO 101 	OTHER:		
 BIO 270 	OTHER:		
• BIO 242	OTHER:		
THE ELECTIVES:			
	R:		
	R:		
BIO OTHER	R:		
BIO OTHER	R:		
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	R:		
BIO OTHER	R:		
THESIS TITLE (if applicable):			
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COMMENTS?