Department of the History of Science

**Secondary Field in the History of Science, Technology and Medicine**

**Student: Date:**

**Email Address:**

**Year of Graduation:**

 **A. Foundation Course Semester & Year (To Be) Completed**

 **(1) History of Science 100. Knowing the World:**

 **An Introduction to the History of Science**

#  B. Gateway Course

 **One course chosen from a selection of approved courses offered by the department of the History of Science**

 **Course Number & Title Semester & Year (To Be) Completed**

 **(2)**

 **C. Electives**

 **Three courses, ordinarily chosen from the 100-level courses offered by the Department of the History of Science**

 **Course Number & Title Semester & Year (To Be) Completed**

 **(3)**

 **(4)**

 **(5)**

**Departmental Approval: Date:**