

**APPLICATION TO RECEIVE THE POST-BACCALAUREATE LEVEL
HEALTH SCIENCE CERTIFICATE
MISSISSIPPI COLLEGE SCHOOL OF SCIENCE AND MATHEMATICS
Department of Biological Sciences
Hederman 104 • CLINTON, MS 39058**

Instructions: Please complete this form and return it to the Dept. of Biological Sciences.

Semester you are completing certificate requirements: _____

Name (to appear on certificate): _____ **ID #** _____

Current Major/Program: _____

Address: _____

Phone: _____ **Date of Application:** _____

University Attended for bachelors degree or higher: _____

Graduation Date and Degree Received: _____

List all courses taken to fulfill certificate requirements. Indicate all transfer credit (TR), courses substituted (SUB), and courses in progress (IP), if any. Students seeking this certificate must be admitted to MC as a graduate student; completion of a bachelors degree is required.

Course Number	Course Title	Credit Hours	Semester	Grade	Hours Earned (TR, SUB, or IP)
Complete 24 hours from the following:					
BIO 111	Biology I	4			
BIO 112	Biology II	4			
BIO 203	Human Anatomy and Physiology I	4			
BIO 204	Human Anatomy and Physiology II	4			
BIO 305	Cell Biology	3			
BIO 306	Genetics	3			
BIO 307	Cell and Genetics Lab	2			
BIO 414	General Microbiology	4			
CHE 141	General Chemistry I	4			
CHE 142	General Chemistry II	4			
CHE 303	Organic Chemistry I	3			
CHE 313	Organic Chemistry Lab I	2			
CHE 304	Organic Chemistry II	3			
CHE 314	Organic Chemistry Lab II	2			
PHY 151	General Physics I	4			
PHY 152	General Physics II	4			

MAT 102	Trigonometry	3			
MAT 121	Calculus with Analytic Geometry I	3			
MAT 207	Elementary Statistics	3			

Total Hours Required: 24

Student's Signature: _____

Advisor's Signature (confirming completion): _____

Please submit to the Office of the Registrar for verification and posting of the certificate upon completion.