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:**