

First Name:	Last Name:	Student ID:	Birth Date:
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ASSOCIATE OF SCIENCE DEGREE (Math Concentration)

		Number of Courses Required	Courses	Notes	
English					
	English (Composition)	1	ENGL 100 or 101 1.		
	English (Literature)	1	ENGL 108 or 110 or 121 or 131 1.		
1st Year Math /Science					
	Math	3	Math 111(A) or 115(C) or 113 and 114 and 120 1. 2. 3.		
	Lab Science	1	Biol 110, 120, 130, Chem 121, Phys 110, 130 1.		
	Computer Science	2	CSCI 120 <u>and</u> CSCI 125 1. 2.		
	Other Math/Science	2	APSC, BIOL (not 100), CHEM (not 100), CSCI, MATH, PHYS 1. 2.		
2nd Year Math /Science					
	NOTE: At least 2 subject areas are required at the 2nd year level	4	MATH 213 225 230 252 1. 2. 3. 4.		
		2	BIOC BIOL CHEM CSCI(not 237) MATH PHYS 1. 2.		
Arts Courses					
		Arts Electives	2	Any 1st year Arts (other than English) 1. 2.	
Other Courses					
	Electives	2	Any Courses 1. 2.		

20 Courses Required Taken: Still Required: Semester:

Note: a) an individual course cannot be counted in more than one category. b) min. CGPA of 2.0 is required in courses contributing to the Associate Degree.

* Chem 210 (4 cr) plus 220 (4 cr) = 230 (8 cr) (* Chem 230 counts as 2 courses

STUDY PERMIT:	Study Permit Expiry date: _____	*Students should ensure their Study Permits are valid.
MEDICAL INSURANCE:	If you have MSP Coverage, please show a Student Services Assistant before exam week.	
REGISTRATION:	Registration date/time: _____ Registration is ONLINE : student.columbiacollege.bc.ca If semester GPA is above 3.3, register: _____ Semester GPA below 1.7 : You are on Academic probation . Check the student portal for instructions.	*Registration date/time is set according to number of successfully completed credits. *Confirm your assigned time prior to registration on the Student portal

In signing this form I acknowledge that it is my responsibility to select courses that best satisfy the requirements of my degree and/or transfer program. I understand that I am required to pay all of my tuition fees before or at the time of my registration.

STUDENT'S SIGNATURE

COUNSELLOR'S SIGNATURE