

Bachelor of Integrative Studies Statement of Educational Objectives Checklist 201710+

Name: _____ Banner # + _____ Date: _____

Current BIS instructor: _____ Miami Plan complete? _____

Fill in the checklist completely. Note any petitions with the word "petition". Submit the completed form as an e-mail attachment to bis.seo@MiamiOH.edu. The file name format should be uniqueID_seo.doc

Concentration I: _____

Minimum 15 credit hours **and** 5 courses

Course	Credit (#)	Term Completed

Concentration II: _____

Minimum 15 credit hours **and** 5 courses

Course	Credit (#)	Term Completed

BIS Seminars

Course	Credit (#)	Term Completed
BIS 201		
BIS 301		
BIS 401		

Thematic Sequence: _____

or Minor: _____

Course	Credit (#)	Term Completed

21st Century Literacy

Course	Credit (#)	Term Completed

Total hours earned: _____ Current GPA: _____

Attach extra pages for your rationale.

Rationale:

Rationale, continued

Rationale, continued (if needed):