

Election of Minor
Cognitive Neuroscience (20 hours)
2016-2017 Catalog

Name _____ I.D. Number _____

Planned Degree Completion Date: Mo. _____ Yr. _____

Major: _____

Required Courses

Do not write in shaded area

		Hours
<input type="checkbox"/>	PSYC 110 Introduction to Psychology	4.0
<input type="checkbox"/>	PSYC 235 Cognitive Psychology	4.0
<input type="checkbox"/>	PSYC 250 Cognitive Neuroscience	4.0
<input type="checkbox"/>	PSYC 360 Neuropsychology	4.0
<input type="checkbox"/>	PSYC 362 Sensation and Perception	4.0

Explain transfer, substitutions, or other irregularities:

Advisor Signature _____ Date _____

Department Chair Signature _____ Date _____

I understand I have final responsibility for monitoring my graduation requirements.

Student Signature _____ Date _____

Return this form to the Office of the Registrar