

**Election of Minor**  
**Cognitive Neuroscience** (20 hours)  
2015-2016 Catalog

Name \_\_\_\_\_ I.D. Number \_\_\_\_\_

Planned Degree Completion Date: Mo. \_\_\_\_\_ Yr. \_\_\_\_\_

Major: \_\_\_\_\_

**Required Courses**

Do not write in shaded area

		<b>Hours</b>
<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**