## **Election of Major**

## **Psychology** (43-44 hours)

## **Cognitive Neuroscience Concentration**

2015-2016 Catalog

NameI		I.D. Number	
Planned Degree Con	mpletion Date: Mo Yr	One Degree:BABS	
<b>Required Courses</b>			
Do not write in shaded area		Hours	
PSYC 110	Introduction to Psychology	4.0	
PSYC 201	Social Psychology	3.0	
PSYC 224	Developmental Psychology	4.0	
PSYC 225	Behavior Disorders	4.0	
PSYC 235	Cognitive Psychology	4.0	
PSYC 241	Statistics and Research Design I	4.0	
PSYC 250	Cognitive Neuroscience	4.0	
PSYC 341	Statistics and Research Design II (W)	4.0	
PSYC 360	Neuropsychology	4.0	
PSYC 362	Sensation and Perception	4.0	
PSYC 444	Senior Seminar	4.0	
Explain transfer, sub	estitutions, or other irregularities:		
Advisor Signature		Date	
Department Chair Signature		Date	
I understand I have	final responsibility for monitoring my	graduation requirements.	
Student Signature		Date	