

Election of Minor
Criminal Justice (24 hours)
2006-2007 Catalog

Name _____ I.D. Number _____

Planned Degree Completion Date: Mo. _____ Yr. _____

Major: _____

Required Courses

Do not write in shaded area

		Hours
<input type="checkbox"/>	SOC 228 Racial, Ethnic and Gender Group Relations	3.0
<input type="checkbox"/>	SOC 244 Criminal Behavior and the Criminal Justice System	3.0
<input type="checkbox"/>	SOC 340 Youth and the Juvenile Justice System	3.0
<input type="checkbox"/>	SOWK 110 Introduction to Social Services	3.0
<input type="checkbox"/>	SOWK 274 Practice Methods in Social Services	3.0
<input type="checkbox"/>	SOWK 275 Practicum in Social Services	3.0
<input type="checkbox"/>	POSC 121 American National Politics	3.0
	OR	
<input type="checkbox"/>	POSC 122 State and Local Politics	3.0
<input type="checkbox"/>	PSYC 215 Child and Adolescent Psychology	3.0
	OR	
<input type="checkbox"/>	PSYC 320 Psychology of Abnormal Behavior	3.0

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