

**Election of Minor**  
**Criminal Justice** (24 hours)  
2007-2008 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"/> | 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 220 Child and Adolescent Psychology                  | 4.0          |
|                          | OR  |              |
| <input type="checkbox"/> | PSYC 325 Behavior Disorders                               | 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**