

**Election of Minor**  
**Psychology (19 hours)**  
2008-2009 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

Fifteen hours of electives selected in consultation with department:

<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____

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**