Election of Major

Educational Studies (41-44 hours)

2011-2012 Catalog

Name__________________________ I.D. Number_____________________

Planned Degree Completion Date:  Mo._______ Yr._______

✔ One Degree: _______BA _______BS

### Required Courses

<table>
<thead>
<tr>
<th>Course</th>
<th>Title</th>
<th>Hours</th>
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</thead>
<tbody>
<tr>
<td>EDUC 111</td>
<td>Introduction to Education</td>
<td>3.0</td>
</tr>
<tr>
<td>EDUC 206</td>
<td>Foundations of Exceptional Learners</td>
<td>3.0</td>
</tr>
<tr>
<td>EDUC 223</td>
<td>Child Development (W)</td>
<td>3.0</td>
</tr>
<tr>
<td>EDUC 465</td>
<td>Internship</td>
<td>4.0</td>
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<tr>
<td>COMM 322</td>
<td>Communication for Instructors</td>
<td>3.0</td>
</tr>
<tr>
<td>ESS 111</td>
<td>First Aid</td>
<td>1.0</td>
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<tr>
<td>PEAC 218</td>
<td>Mediation and Conciliation</td>
<td>3.0</td>
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<tr>
<td>PSYC 224</td>
<td>Developmental Psychology (PSYC 110 prereq)</td>
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<tr>
<td>SOWK 110</td>
<td>Introduction to Social Services</td>
<td>3.0</td>
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Twelve hours selected from:

<table>
<thead>
<tr>
<th>Course</th>
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<th>Hours</th>
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<tbody>
<tr>
<td>EDUC 130</td>
<td>Introduction to Early Childhood</td>
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<tr>
<td>EDUC 340</td>
<td>Literacy Block</td>
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<tr>
<td>ESS 235</td>
<td>Drug and Alcohol Education</td>
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<td>ESS 237</td>
<td>Sexually Transmitted Diseases/HIV Education</td>
<td>1.0</td>
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<tr>
<td>ESS 239</td>
<td>Methods of Stress Reduction</td>
<td>1.0</td>
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<tr>
<td>ESS 243</td>
<td>Principles of Fitness</td>
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<tr>
<td>ESS 320</td>
<td>Community Health</td>
<td>3.0</td>
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<tr>
<td>ESS 363</td>
<td>Adapted Physical Activity</td>
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<td>NPM 201</td>
<td>Principles of Nonprofit Management</td>
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<tr>
<td>PSYC 366</td>
<td>Counseling Theory and Practice (PSYC 225 prereq)</td>
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<tr>
<td>SOC 228</td>
<td>Racial, Ethnic, and Gender Inequality</td>
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<tr>
<td>SOC 233</td>
<td>Social Welfare as an Institution (SOC 101 prereq)</td>
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<tr>
<td>SOC 335</td>
<td>Sociology of Family (SOC 101 prereq)</td>
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</table>

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