Election of Minor
Peace Studies (18 hours)
2009-2010 Catalog

Name__________________________________ I.D. Number____________________

Planned Degree Completion Date: Mo._____ Yr._____

Major: __________________________

Required Courses

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>PEAC 110</td>
<td>Introduction to Peace Studies</td>
<td>3.0</td>
</tr>
</tbody>
</table>

Fifteen hours of electives approved by the Peace Studies Council:

[ ] _______ _____________________________ __________
[ ] _______ _____________________________ __________
[ ] _______ _____________________________ __________
[ ] _______ _____________________________ __________
[ ] _______ _____________________________ __________
[ ] _______ _____________________________ __________

Explain transfer, substitutions, or other irregularities:

Advisor Signature_________________________ Date_________________________

Program Director 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