Election of Minor
Psychology (19 hours)
2010-2011 Catalog

Name__________________________________ I.D. Number_____________________

Planned Degree Completion Date:   Mo._____ Yr._____

Major: _______________________________________

Required Courses
Do not write in shaded area

<table>
<thead>
<tr>
<th>Course</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>PSYC 110</td>
<td>4.0</td>
</tr>
</tbody>
</table>

Fifteen hours of electives selected departmental courses and PEAC 218:

- ____________________________
- ____________________________
- ____________________________
- ____________________________
- ____________________________
- ____________________________

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