

**Election of Major**  
**Psychology** (43-44 hours)  
**Cognitive Neuroscience Concentration**  
2016-2017 Catalog

Name \_\_\_\_\_ I.D. Number \_\_\_\_\_

Planned Degree Completion Date: Mo. \_\_\_\_\_ Yr. \_\_\_\_\_    ✓ One Degree:    \_\_\_BA    \_\_\_BS

**Required Courses**

Do not write in shaded area

		<b>Hours</b>
<input type="checkbox"/>	PSYC 110    Introduction to Psychology	4.0
<input type="checkbox"/>	PSYC 201    Social Psychology	3.0
<input type="checkbox"/>	PSYC 224    Developmental Psychology	4.0
<input type="checkbox"/>	PSYC 225    Behavior Disorders	4.0
<input type="checkbox"/>	PSYC 235    Cognitive Psychology	4.0
<input type="checkbox"/>	PSYC 241    Statistics and Research Design I	4.0
<input type="checkbox"/>	PSYC 250    Cognitive Neuroscience	4.0
<input type="checkbox"/>	PSYC 341    Statistics and Research Design II (W)	4.0
<input type="checkbox"/>	PSYC 360    Neuropsychology	4.0
<input type="checkbox"/>	PSYC 362    Sensation and Perception	4.0
<input type="checkbox"/>	PSYC 444    Senior Seminar	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**