

Election of Major

Educational Studies (35 hours)

2017-2018 Catalog

Name _____ I.D. Number _____

Planned Degree Completion Date: Mo. _____ Yr. _____ ✓ One Degree: _____BA _____BS

Required Courses

Do not write in shaded area

		Hours
<input type="checkbox"/>	EDUC 111 Exploring Teaching and Learning	3.0
<input type="checkbox"/>	EDUC 211 The Exceptional Learner	4.0
<input type="checkbox"/>	EDUC 237 Educational Psychology	4.0
<input type="checkbox"/>	EDUC 223 Child Development (W)	3.0
<input type="checkbox"/>	OR	
<input type="checkbox"/>	PSYC 224 Developmental Psychology	4.0
<input type="checkbox"/>	EDUC 465 Internship	4.0
<input type="checkbox"/>	PEAC 218 Mediation and Conciliation	
<input type="checkbox"/>	OR	3.0
<input type="checkbox"/>	PEAC 320 Conflict Resolution	
<input type="checkbox"/>	SOWK 110 Introduction to Social Services	3.0

Twelve hours selected from one of the following four concentrations. Please check your selected concentration.

_____ Business: ACCT 211; BUS 111, 231, 234; COMM 260; ECON 221 or 222; NPM 201

_____ Counseling: PSYC 201, 225, 366; SOC/SOWK 340 or SOC 335; SOWK 274

_____ Education: EDUC 203, 205, 216, 340, 342

_____ Library Services: EDUC 342; ENG 254; LIB 200, 202, 210

<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