

Election of Minor
Psychology (19 hours)
2018-2019 Catalog

Name _____ I.D. Number _____

Planned Degree Completion Date: Mo. _____ Yr. _____

Major: _____

Required Courses

Do not write in shaded area

| | | Hours |
|--------------------------|-------------------------------------|--------------|
| <input type="checkbox"/> | PSYC 110 Introduction to Psychology | 4.0 |

Fifteen hours of electives selected from departmental courses or PEAC 218:

| | | | |
|--------------------------|-------|-------|-------|
| <input type="checkbox"/> | _____ | _____ | _____ |
| <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