

# Election of Minor

## Gerontology (22-25 hours)

### 2019-2020 Catalog

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

Planned Degree Completion Date: Mo. \_\_\_\_\_ Yr. \_\_\_\_\_

Major: \_\_\_\_\_

#### Required Courses

Do not write in shaded area

		Hours
BIOL 102	Human Biology: Stages of Life	
<input type="checkbox"/> OR		3.0
<input type="checkbox"/> BIOL 204	Fundamentals of Human Physiology	
<input type="checkbox"/> INTD 450	Advanced Studies in Gerontology	3.0
<input type="checkbox"/> PSYC 110	Introduction to Psychology	4.0
<input type="checkbox"/> OR		
<input type="checkbox"/> SOC 101	Introduction to Sociology	3.0
<input type="checkbox"/> PSYC 224	Developmental Psychology	
<input type="checkbox"/> OR		4.0
<input type="checkbox"/> SOWK 334	Human Behavior in the Social Environment	
<input type="checkbox"/> SOC/SOWK 220	Social Gerontology	3.0

**Two electives (6-8 hours) selected in consultation with advisor and approval of the Gerontology Program Director from the following:** ACCT 331; BUS 313; COMM 210; ESAT 200, 335\*, 343, 363; FIN 340\*; INTD 405; NPM 201; POSC 225\*; PSYC 250\*, 325\*, 360\*, 475; SOC/SOWK 222\*, 233\*; SOWK 110, 275.

\_\_\_\_\_

\_\_\_\_\_

\*Prerequisite

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**