

Election of Major
Psychology (47-48 hours)
Cognitive Neuroscience Concentration
2020-2021 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"/>	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 227 Organizational Psychology	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 444 Senior Seminar	4.0

One course selected from:

<input type="checkbox"/>	PSYC 346 Statistics and Research: Applied Psychology	4.0
<input type="checkbox"/>	PSYC 347 Statistics and Research: Cognitive Psychology	4.0
<input type="checkbox"/>	PSYC 349 Statistics and Research: Developmental Psychology	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