

Election of Major

Psychology & Religious Culture (53-54 hours)

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"/>	INTD 341 Rethinking God	3.0
<input type="checkbox"/>	PSYC 110 Introduction to Psychology	4.0
<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 & Research Design I	4.0
<input type="checkbox"/>	PSYC 341 Statistics & Research Design II (W)	4.0
<input type="checkbox"/>	PSYC 366 Counseling Theory and Practice	4.0
<input type="checkbox"/>	REL 102 Introduction to the New Testament	3.0
<input type="checkbox"/>	REL 120 Introduction to Religious Studies	3.0

One course selected from:

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

Two courses selected from:

<input type="checkbox"/>	REL 101 Introduction to the Hebrew Bible	3.0
<input type="checkbox"/>	REL 210 Judaism, Christianity, and Islam	3.0
<input type="checkbox"/>	REL 222 Religions of East Asia	3.0
<input type="checkbox"/>	REL 223 Indian Religions	3.0

One course selected from:

<input type="checkbox"/>	REL 311 Ancient & Medieval Christianity	3.0
<input type="checkbox"/>	REL 312 Reformation to Vatican II	3.0
<input type="checkbox"/>	REL 435 Contemporary Christian Thought	3.0

One course selected from:

<input type="checkbox"/>	PEAC 320 Conflict Resolution	3.0
<input type="checkbox"/>	PSYC 201 Social Psychology	4.0
<input type="checkbox"/>	PSYC 307 Psychology of Marriage & Family	4.0
<input type="checkbox"/>	SOC 305 Self and Society	3.0

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