

# Election of Major

## Educational Studies (35 hours)

2015-2016 Catalog

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

Planned Degree Completion Date: Mo. \_\_\_\_\_ Yr. \_\_\_\_\_      ✓ One Degree: \_\_\_\_\_BA    \_\_\_\_\_BS

### Required Courses

Do not write in shaded area

		<b>Hours</b>
<input type="checkbox"/>	EDUC 108    Exploring Teaching and Learning	2.0
<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	3.0
<input type="checkbox"/>	OR	
<input type="checkbox"/>	PEAC 320    Conflict Resolution	3.0
<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 131, 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**