

Name (Please Print) \_\_\_\_\_

ID# \_\_\_\_\_

Current Advisor \_\_\_\_\_

☐ Declaration ☐ AuditMajor Advisor (Please Print) \_\_\_\_\_ ☐ First major? ☐ Second major? Anticipated Grad Year \_\_\_\_\_

If you are changing your major, what was your old major? \_\_\_\_\_

**Psychological Science BS****disciplinary, 16 courses**

At least 6 courses must be unique to any major. All courses for the major must be completed with a grade of C- or better.  
Credit/no credit courses may not be counted toward the major.

Check if unique	Check if completed	Planned semester	Course	Notes, substitutions, etc.
Introduction:				
<input type="checkbox"/>	<input type="checkbox"/>	_____	PSY 100	_____
Statistics & Research: One set of two co-requisite courses:				
<input type="checkbox"/>	<input type="checkbox"/>	_____	PSY 201/PSY 202	_____
Group A: One set of two co-requisite courses (1 Theory course, 1 Capstone course): PSY 314/414, PSY 335/435, or PSY 398/498)				
<input type="checkbox"/>	<input type="checkbox"/>	_____	PSY ____/____	_____
Group B: One set of two co-requisite courses (1 Theory course, 1 Capstone course): PSY 303/403, PSY 323/423, PSY 328/428, PSY 348/448, or PSY 353/453)				
<input type="checkbox"/>	<input type="checkbox"/>	_____	PSY ____/____	_____
Two 300-level Psychology Topics courses:				
<input type="checkbox"/>	<input type="checkbox"/>	_____	PSY 3____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	PSY 3____	_____
Four additional Psychology courses, only one of which may be at 400-level. Two of these must be prerequisites for the Group A and Group B courses:				
<input type="checkbox"/>	<input type="checkbox"/>	_____	PSY ____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	PSY ____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	PSY ____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	PSY ____	_____
Three additional courses in the sciences approved by the advisor:				
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____

**Comments:****Major Certification**

We agree that the successful completion of the program of courses indicated above will constitute an acceptable major.  
(Compliance with uniqueness rules and other requirements will be confirmed by the Registrar.)

Student signature \_\_\_\_\_

Date \_\_\_\_\_

Major Advisor signature \_\_\_\_\_

Date \_\_\_\_\_

Department or Program Chair signature \_\_\_\_\_

Date \_\_\_\_\_