

## FOCUSED PSYCHOLOGY ELECTIVE OPTION REQUEST

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Student Name:

CWID:

Course Name and complete number:

Semester in which course will be/was taken:

Total number of credits:

Please provide the rationale for why it would be more beneficial for you to complete these credits by taking the above psychology elective instead of completing credits in psychology fieldwork or independent research:

Student Signature, Date

Chair, Psychology Department Signature Date

Psychology Faculty Advisor Signature, Date

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### Registrar Use Only

Processed by / Date