CMU
CENTRAL MICHIGAN UNIVERSITY

AUTHORIZATION FOR A MAJOR
DEPARTMENT OF POLITICAL SCIENCE

MJ:

INTERNATIONAL RELATIONS/COMPARATIVE POLITICS CONCENTRATION

NAME _____ **STUDENT ID #**_____
Last **First** **Middle**

DEGREE _____ **MINOR (TITLE)** _____ **E-MAIL ADDRESS** _____

BULLETIN YEAR under which student is completing graduation requirements: _____

BULLETIN YEAR OF MAJOR (only if different and chosen from subsequent Bulletin other than listed above): _____

I.	**Required Courses (15 hours)** PSC 105 (3), 150 (3), 242 (3), 280 (3), 351 (3)	
	Total Hours - Required	**15**
II.	**Electives (18 hours)**	
	A. Select two from the following (6 hours): **American National Political Institutions and Processes** PSC 320 (3), 321 (3), 322 (3), 323 (3), 325 (3), 326 (3), 327 (3), 328 (3), 421 (3), 422 (3), 520 (3)	6
	B. Select one from the following (3 hours): **Political Theory** PSC 275 (3), 375 (3)	3
	C. Select from the following (3-6 hours): **International Relations** PSC 151 (3), 352 (3), 353 (3), 354 (1), 453 (3), 551 (3), 555 (3), 556 (3) **Note:** If you select 3 from this group, you must select 6 from the Comparative Politics courses below.	9
	D. Select from the following (3-6 hours): **Comparative Politics** PSC 340 (3), 341 (3), 342 (3), 343 (3), 344 (3), 345 (3), 346 (3), 347 (3), 348 (3), 349 (3), 515 (3), 540 (3) **Note:** If you select 3 from this group, you must select 6 from the International Relations courses above.	
	Total Hours - Electives	**18**
	A Minimum of 15 hours of course work must be at the 300-level or above, with at least one course at the 400-500 level. PSC 405 cannot be used to fulfill this requirement. PSC 395, Internship in Government and Politics, cannot be counted toward the International Relations/ Comparative Politics Concentration. Credit/No Credit cannot be counted toward the International Relations/Comparative Politics Concentration.	
	TOTAL SEMESTER HOURS	**33**

Student: Any changes of Required Courses or Total Semester Hours must be requested of the advisor. If approved, the advisor must complete and submit to the Registrar's Office a "Change in Authorization for Major, Major Concentration or Minor" Form R-44.
Complete only if this is one of multiple majors/concentrations, or replaces a previously authorized major:
1. This is a **(a)** ____ 2nd or **(b)** _____ 3rd major. (check one)
2. This is a **(a)** ____ 2nd or **(b)** _____ 3rd concentration. (check one)
3. This is to replace a previously authorized major/concentration in _____.

Signature of Student _____ **Date** _____

_____ _____ _____
Signature of Advisor **Printed Name of Advisor** **Date**

Advisor: Responsible for completion of all portions of this form and distribution of copies to: (1) Registrar's Office (original); (2) Student; (3) Advisor; and (4) Department Office of Advisor. Rev. 1/08