CMU
CENTRAL MICHIGAN UNIVERSITY

AUTHORIZATION FOR A MINOR
DEPARTMENT OF POLITICAL SCIENCE

MN:

POLITICAL SCIENCE MINOR

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

MAJOR (TITLE) _____ **E-MAIL ADDRESS** _____

DEGREE _____

BULLETIN YEAR under which student is completing graduation requirements: _____

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

1.	**Required Courses (3 hours)** PSC 105 (3)	3
2.	**Other Requirements (12 hours)** Select one three (3) credit hour course in four of the following five fields: **Field I: American National Political Institutions and Processes** PSC 101 (3), 125 (3), 235 (3), 320 (3), 321 (3), 322 (3), 323 (3), 325 (3), 326 (3), 327 (3), 328 (3), 421 (3), 422 (3), 520 (3) **Field II: American State and Local Government, Public Administration and Policy** PSC 210 (3), 261 (3), 300 (3), 301 (3), 313 (3), 411 (3), 514 (3), 516 (3), 522 (3), 561 (3), 563 (3), 565 (3), 566 (3), 585 (3) **Field III: International Relations** PSC 150 (3), 151 (3), 351 (3), 352 (3), 453 (3), 551 (3), 555 (3) **Field IV: Comparative Politics** PSC 242 (3), 340 (3), 341 (3), 342 (3), 343 (3), 344 (3), 345 (3), 346 (3), 347 (3), 348 (3), 349 (3), 515 (3), 540 (3) **Field V: Political Theory or Methodology** PSC 275 (3), 280 (3), 371 (3), 372 (3), 373 (3), 375 (3), 378 (3), 426 (3), 583 (3)	12
	Total Hours - Required	**15**
3.	**Electives (5 hours)** Select hours from the five fields listed above. _____	
	Total Hours - Electives	**5**
	PSC 100 may be counted as an elective. PSC 395, Internship in Government and Politics, cannot be counted toward the Political Science Minor. Credit/No Credit cannot be counted toward the Political Science Minor.	
	TOTAL SEMESTER HOURS	**20**

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 minors or replaces a previously authorized minor:
1. This is a **(a)** ____ 2nd or **(b)** _____ 3rd minor **(check one).** 2. This is to replace a previously authorized minor 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