

**PSYCHOLOGY Specialization Declaration or Change of Specialization**

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**The College of New Jersey**

Office of Records & Registration

P.O. Box 7718, Ewing, NJ 08628-0718

609-771-2141

NAME:

Last:	First:	MI:
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ID

6 digit PAWS ID#:
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CONTACT INFORMATION

PHONE:	EMAIL:
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**PSYCHOLOGY SPECIALIZATION**

**\*Enter letter D next to specialization code to Declare or R to Remove**

Biopsychology	01	Developmental	04
Counseling/Clinical	02	Industrial and Organizational	05
Cognitive Psychology	03	Social Psychology	06

**PERFORMANCE IN FOUNDATION COURSES:**

*You must have completed the (2) foundation courses in Psychology to declare your Psychology major specialization. Please complete the information needed to declare your specialization. To change your specialization complete Section 1.*

Course Name	Grade	Semester/ YEAR	Instructor
		Completed	
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PSY 101 General Psychology:			
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PPSY 121 Methods & Tools:			
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Which FOUNDATION courses have you taken or do you plan to take?

Please make an **X** next to courses you have taken.

Please write an **0** next to courses you plan to take.

PSY 212 Biopsychology:

PSY 213 Learning & Memory:

PSY 214 Cognitive Psychology:

PSY 216 Personality Theory and Research:

PSY 217 Abnormal Psychology:

PSY 220 Development Across the Lifespan:

PSY 267 Organizational Psychology:

PSY 218 Social Psychology of Power, Oppression, and Privilege:

Please choose a concentration which will focus your Junior and Senior years of study in the Psychology Major (place and **X** next to your specialization of choice):

Biopsychology:

Cognitive Psychology:

Counseling / Clinical Psychology:

Developmental Psychology:

Industrial/Organizational Psychology:

Social Psychology (Social, Community, and Cultural Psychology):

How sure are you about your choice of specialization?

1

2

3

4

Not at all sure

Somewhat sure

Moderately sure

Definitely sure

*Upon receipt of your Specialization form to the Psychology Department, you will be assigned an Academic Advisor associated with your chosen specialization.*