Child & Adolescent Development
Advisement form Plan B Options

Name: ___________________________  Student ID: ___________________________
Phone: ___________________________  Email: ________________________________

Major Courses

**Lower division**
- PSYC 1 (GE/D1)
- ChAD 60 (GE/E)
- ChAD 70 (GE/E)
- SOCI/SOCS 15 or STAT 95

**Upper division**
- ChAD or LLD 100W (Area Z)
- ChAD 101
- ChAD 162 or ChAD 164
- ChAD 165 (f 14)**
- ChAD 168
- ChAD 169
- ChAD 170
- ChAD 195***

**Option 1: Early Childhood Focus**
- ChAD 150
- ChAD 160***
- ChAD 161
- ChAD 173
- EDSE 104, EDSE 108, HPRF 135*,
  - JS 136*, PSYC 142, NuFS 114B, or
  - SOCI 178

**Option 2: Community Focus**
- ChAD 104 (f 14)**
- ChAD 157 (sp 15)**
- ChAD 158 (f 15)** and ***
- ChAD 163 or ChAD 173
- COMM 144F, HS 145, JS 152, LING 129*,
  - SOCI 151, SOCI 170, or URBP 133

* Meets SJSU Studies Area S requirement
** Semester course will first be offered
*** Plan to take this course the semester of graduation

Advisor’s signature: ___________________________  Advisement dates:

I understand that I am responsible for consulting the University catalog for information on all graduation requirements and that it is my responsibility to monitor my progress through MYSJSU.

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Student’s signature

Effective 8/21/2014 for all students who begin continuous enrollment on that date.

Revised 5/14/15