STUDENT ID NUMBER _____ RCD/INT _____

SACRAMENTO STATE

BACHELOR'S DEGREE APPLICATION

Diploma will be mailed to the address that is on file with theRegistrar's Office.

FIRST MIDDLE LAST

LOCAL ADDRES HOME / OTHER

CITY STATE ZIP E-MAIL ADDRESS

DEGREE

BA ☑ BM ☐ BVE ☐ Second Bachelor's ☐ Credential Candidate: Yes ☐ No ☐

Graduation Date: Fall 20 Spring 20 Summer 20

Catalog Year of Major _____

MAJOR: Child Development **CONCENTRATION: Elementary Pre-Credential**

EVAL NOTES	DEPT	NO	COURSE TITLE	SEM HRS	GRD
	CHDV	35	Child Development	3	
	CHDV	35F	Hum Dev Elem Field Exper.	2	
	FACS	50	The Family and Social Issues	3	
	CHDV	123	Observation and Assessment	3	
	CHDV	133	Research in Child Development	3	
	CHDV	131	Language Development	3	
	CHDV	132	Fieldwork in Child Development	3	
	CHDV	135	Crosscultural Child Development	3	
	CHDV	136	Develop. Exp., Methods & Curriculum	3	
	CHDV	137	Cognitive Development	3	
	CHDV	137L	Cognitive Development -- Lab	1	
	CHDV	138	Social and Emotional Development	3	
	CHDV	138L	Social and Emotional Dev. -- Lab	1	

EVAL NOTES	DEPT	NO	COURSE TITLE	SEM HRS	GRD
	EDBM	170	Bilingual Education	3	
	EDS	100A/B	Education of Exceptional Children	3	
	KINS	172	Movement Education	3	
	HLSC	136	School Health Education	2	

*** MAJOR Waiver or Substitution of Courses and/or Hours**

Major Advisor's Approval **Date**

Major Chair Person's Approval **Date**

Student's Signature **Date**

FOR OFFICE USE ONLY

Date Coded _____

initials