

**DEPARTMENT OF PSYCHOLOGY
HEALTH STUDIES 300 LEVEL PERMISSION REQUEST FORM**

Name: _____

Student # _____

OPTION A: Biology, Development and Health (choose credit units from either Developmental OR Brain and Behaviour)

I. Developmental Psychology

Choose 3 credit units from:

PSY 315.3 or PSY 317.3

Choose 3 credit units from:

PSY 316.3 or PSY 318.3

II. Brain and Behaviour

Choose 6 credit units from:

PSY 347.3 (required)

PSY 348.3

PSY 448.3

OPTION B: Individual, Society and Health * Note: Permission is only required if you are studying the Individual Basis for Behaviour cluster.

Choose 3 credit units

PSY 317.3 PSY 347.3

Choose 3 credit units

PSY 318.3 PSY 348.3 PSY 448.3

OPTION C: No permission required for Culture, Environment and Health.