

Department of Geography
Areas of Specialization (AOS) Agreement

Name: _____ ID: _____

Address: _____

Phone: _____ E-mail: _____

Area of Interest within Geography: _____

Faculty Advisor: _____ AOS Advisor: _____
(When different from your faculty advisor.)

CORE REQUIREMENTS

Course	Semester	Grade
GEOG 201	_____	_____
GEOG 205	_____	_____
GEOG 210	_____	_____
GEOG 320	_____	_____
GEOG 321	_____	_____
GEOG 499	_____	_____

SUBDISCIPLINE ELECTIVES

	Course	Semester	Grade
Human - 1	GEOG _____	_____	_____
Human - 2	GEOG _____	_____	_____
Physical - 1	GEOG _____	_____	_____
Physical - 2	GEOG _____	_____	_____
Regional	GEOG _____	_____	_____
Techniques	GEOG _____	_____	_____

AOS Courses Recommended by Faculty Advisor: Minimum of 18 hours

Course	Semester	Credit Hours	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Signatures:	Printed name	Signature	Date
Student	_____	_____	_____
AOS Advisor	_____	_____	_____
Chair	_____	_____	_____