Transfer Student Pre-Professional & Elective Courses (Area V)

**Institution:** Auburn University

**AGSC Guide/Major:** Speech Pathology

**Is this an Institution Only Major:** No

**Specific options or tracks to which these requirements/recommendations apply:**

_____________________________
_____________________________
_____________________________
_____________________________

**Maximum total number of electives/pre-professional hours:** 19

**Hours specified by the Approved STARS Area V Guide:** 9 (see the approved transfer guide at [http://stars.troy.edu/get_the_guide_step_1.html](http://stars.troy.edu/get_the_guide_step_1.html))

**Remaining 10 hours should be selected from/Include the following:**

<table>
<thead>
<tr>
<th>Course name/number (2-year system)</th>
<th>Course Title</th>
<th>Credit hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>If not already taken in Area II</td>
<td>take an approved Foreign Lang Sequence</td>
<td>6-8</td>
</tr>
<tr>
<td>If not already taken in Area II</td>
<td>take PHL 106 or PHL 206 or IDS 102</td>
<td>3</td>
</tr>
<tr>
<td>If not already taken in Area III</td>
<td>take BIO104 or an approved Chem or Phys</td>
<td>4</td>
</tr>
</tbody>
</table>

**Institutional Contact Information:**

Name: Melissa Adams
Title: Director of Student Services
Office Address: 321 Tichenor Hall
Email: mba007@auburn.edu
Phone number: 334 844 2126
www.auburn.edu/transfer

Speech Pathology

Communication Disorders

Please print this document and attach it to the Articulation Guide. Together, this document and the articulation guide comprise the articulation agreement for a major in Communication Disorders at Auburn University.

Name: _______________________ Date: ________________

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