

Student Information

Date:	Semester Admitted:
Student Name:	Coyote ID:
Address:	Email:
City:	Home Phone: ()
State, Zip:	Other Phone: ()

A. Core Curriculum

Study Plan	Units	Grade	Sem/Yr	Instructor	Grade Verified
PSYC 6001	2				<input type="checkbox"/>
PSYC 6002	1				<input type="checkbox"/>
PSYC 6640	3				<input type="checkbox"/>
PSYC 6641	4				<input type="checkbox"/>
PSYC 6656	3				<input type="checkbox"/>

B. Thesis

Study Plan	Units	Grade	Sem/Yr	Instructor	Grade Verified
PSYC 6952	2				<input type="checkbox"/>
PSYC 6953	3				<input type="checkbox"/>
PSYC 6974	4				<input type="checkbox"/>

C. Electives: 3 units of PSYC 5000- or 6000-level courses, excluding PSYC 5951-5953, PSYC 6951-6955, PSYC 6121-6125 and PSYC 6891-6893.

Study Plan	Units	Grade	Sem/Yr	Instructor	Grade Verified
					<input type="checkbox"/>

D. Concentration: 9 units chosen from PSYC 5538, PSYC 5539, PSYC 5562, PSYC 5567, PSYC 6642, PSYC 6652

Study Plan	Units	Grade	Sem/Yr	Instructor	Grade Verified
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

E. Writing Requirement

1. PSYC-6640 Grade: _____ Sem/Yr: _____	For Option 2 please attach a copy of the approved waiver for proof of completion
2. Waived by Graduate Studies Date: _____	

Ethical Violations

Yes _____ No _____ Pending _____

ADVANCEMENT TO CANDIDACY RECOMMENDED: AFTER COMPLETION OF AT LEAST 17 UNITS

Thesis Advisor Signature _____ Date _____

Graduate Program Director Signature _____ Date _____

Student Signature _____ Date _____