

Student Information

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

A. Core Curriculum

Study Plan	Units	Grade	Qtr/Yr	Comments	Grade Verified
CD 5531	3				<input type="checkbox"/>
CD 6614	3				<input type="checkbox"/>
CD 6624	3				<input type="checkbox"/>
CD 6648	3				<input type="checkbox"/>
CD 6651	3				<input type="checkbox"/>
CD 6659	3				<input type="checkbox"/>
CD 6690	3				<input type="checkbox"/>
PSYC 6640	3				<input type="checkbox"/>

B. Project

Study Plan	Units	Grade	Qtr/Yr	Comments	Grade Verified
CD 6964	5				<input type="checkbox"/>

C. Advanced Independent Study: CD 6952-6954 (2-4 units for a total of 4)

Study Plan	Units	Grade	Qtr/Yr	Comments	Grade Verified
					<input type="checkbox"/>
					<input type="checkbox"/>

D. Electives: Six units of 5000-6000 level courses chosen in consultation with the Faculty Advisor

Study Plan	Units	Grade	Qtr/Yr	Comments	Grade Verified
					<input type="checkbox"/>
					<input type="checkbox"/>

E. Upper Division Writing Requirement

1. 3060 Course/Grade: _____ Sem/Yr _____	For items 2 or 3 please attach documentation for proof of completion
2. PSYC-6640 Grade: _____ Sem/Yr _____	
3. WREE Score _____ Date _____	

Ethical Violations

Yes _____ No _____ Pending _____

ADVANCEMENT TO CANDIDACY RECOMMENDED: AFTER COMPLETION OF 12 UNITS AND NO ETHICAL VIOLATIONS.

Project Advisor Signature _____ Date _____

Program Director Signature _____ Date _____

Student Signature _____ Date _____