

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					
Study Plan	Units	Grade	Sem/Yr	Instructor	Grade Verified
PSYC 6642	4				<input type="checkbox"/>
PSYC 6650	3				<input type="checkbox"/>
PSYC 6658	3				<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 _____