

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 640 ¹	4				<input type="checkbox"/>
PSYC 641 ²	5				<input type="checkbox"/>
PSYC 656 ³	4				<input type="checkbox"/>
⁴	4				<input type="checkbox"/>
B. Thesis					
Study Plan	Units	Grade	Sem/Yr	Instructor	Grade Verified
PSYC 611B ⁵	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, PSCY 6642, PSYC 6652					
Study Plan	Units	Grade	Sem/Yr	Instructor	Grade Verified
PSYC 642 ⁶	4				<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

¹Substitute for PSYC 6640 (3 units); ²Substitute for PSYC 6641 (4 units); ³Substitute for PSYC 6656 (3 units); ⁴Substitute for PSYC 6001 (2 units) and 6002 (1unit); ⁵Substitute for PSYC 6952 (2 units); ⁶Substitute for PSYC 6642 (3 units)

Thesis Advisor Signature _____ Date _____

Graduate Program Director Signature _____ Date _____

Student Signature _____ Date _____