

Student Information

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

A. Core Curriculum

Study Plan	Units	Grade	Qtr/Yr	Instructor	Grade Verified
PSYC 640	4				<input type="checkbox"/>
PSYC 641	5				<input type="checkbox"/>
PSYC 642	4				<input type="checkbox"/>
PSYC 650	4				<input type="checkbox"/>
PSYC 6652 ¹	3				<input type="checkbox"/>
PSYC 6654 ²	3				<input type="checkbox"/>
PSYC 656	4				<input type="checkbox"/>
PSYC 658	4				<input type="checkbox"/>

B. Thesis

Study Plan	Units	Grade	Qtr/Yr	Instructor	Grade Verified
PSYC 611B	2				<input type="checkbox"/>
PSYC 6953 ³	3				<input type="checkbox"/>
PSYC 6974 ⁴	4				<input type="checkbox"/>

C. Electives: At least 3 units⁵ chosen in consultation with an advisor

Study Plan	Units	Grade	Qtr/Yr	Instructor	Grade Verified
1.					<input type="checkbox"/>
2.					<input type="checkbox"/>

D. Writing Requirement

1. PSYC-640 Grade: _____ Qtr/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 16 UNITS

¹Substitute for PSYC 652 (4 units); ²Substitute for PSYC 654 (4 units); ³Substitute for PSYC 611C (3 units); ⁴Substitute for PSYC 699 (5 units);
⁵Substitute for 8 quarter units.

Thesis Advisor Signature _____ Date _____

Graduate Program Director Signature _____ Date _____

Student Signature _____ Date _____