

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	Comments	Grade Verified
Psyc 616	4				<input type="checkbox"/>
Psyc 618	4				<input type="checkbox"/>
Psyc 619	4				<input type="checkbox"/>
Psyc 633	4				<input type="checkbox"/>
Psyc 636	4				<input type="checkbox"/>
Psyc 638	4				<input type="checkbox"/>
Psyc 640	4				<input type="checkbox"/>
Psyc 654	4				<input type="checkbox"/>
Psyc 665	4				<input type="checkbox"/>
Psyc 667	4				<input type="checkbox"/>
Psyc 671	5				<input type="checkbox"/>
Psyc 672	5				<input type="checkbox"/>
Psyc 673	5				<input type="checkbox"/>
Psyc 679	4				<input type="checkbox"/>
Psyc 687A	2				<input type="checkbox"/>
Psyc 687B	2				<input type="checkbox"/>
Psyc 687C	2				<input type="checkbox"/>
Psyc 697A	4				<input type="checkbox"/>
Psyc 697B	4				<input type="checkbox"/>
Psyc 697C	4				<input type="checkbox"/>
Core Total	77				
NOTE: UP TO EIGHT UNITS OF PSYC 697A, 697B, AND 697C MAY BE WAIVED FOR APPROPRIATE WORK EXPERIENCE.					
B. Comprehensive Exam					
Study Plan	Units	Grade	Qtr/Yr	Comments	Grade Verified
Psyc 612E	5				<input type="checkbox"/>
Psyc 999	0				<input type="checkbox"/>
C. Electives: 8 units of electives chosen from 500-600 level courses, excluding 575, 595, 611, & 612					
Study Plan	Units	Grade	Qtr/Yr	Comments	Grade Verified
1.					<input type="checkbox"/>
2.					<input type="checkbox"/>
Total Units	90				
NOTE: PSYC 682, AND 688 ARE REQUIRED FOR THOSE STUDENTS INTERESTED IN LICENSURE AS A MARRIAGE AND FAMILY THERAPIST PRIOR TO APPLICATION FOR LICENSURE.					
D. Writing Requirement (Please select one)					
1. PSYC-640 Grade: _____		Qtr/Yr: _____		For Option 2 please attach documentation for proof of completion	
2. Waived by Graduate Studies		Date: _____			
Ethical Violations					
Yes _____ No _____ Pending _____					

Comp Exam Advisor Signature _____

Date _____

Graduate Program Director Signature _____

Date _____

Student Signature _____

Date _____