

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
Psyc 6618	3				<input type="checkbox"/>
Psyc 6619	3				<input type="checkbox"/>
Psyc 6633	3				<input type="checkbox"/>
Psyc 6636	3				<input type="checkbox"/>
Psyc 6638	3				<input type="checkbox"/>
Psyc 6640	3				<input type="checkbox"/>
Psyc 6654	3				<input type="checkbox"/>
Psyc 6665	3				<input type="checkbox"/>
Psyc 6667	3				<input type="checkbox"/>
Psyc 6671	5				<input type="checkbox"/>
Psyc 6672	5				<input type="checkbox"/>
Psyc 6674	3				<input type="checkbox"/>
Psyc 6679	3				<input type="checkbox"/>
Psyc 6682	3				<input type="checkbox"/>
Psyc 6871	3				<input type="checkbox"/>
Psyc 6872	3				<input type="checkbox"/>
Psyc 6971	2				<input type="checkbox"/>
Psyc 6972	1				<input type="checkbox"/>
Core Total	57				

B. Comprehensive Exam					
Study Plan	Units	Grade	Qtr/Yr	Comments	Grade Verified
Psyc 6123	3				<input type="checkbox"/>
Psyc 6980	0				<input type="checkbox"/>

D. Upper Division Writing Requirement (Please select one)

1. PSYC-6640 Grade _____ Sem/Yr _____ **For Option 2 please attach documentation for proof of completion**

3. Waived by Graduate Studies _____ Date _____

Ethical Violations

Yes _____ No _____ Pending _____

Comp Exam Advisor Signature _____ Date _____

Graduate Program Director Signature _____ Date _____

Student Signature _____ Date _____