

### Student Information

Date: _____	Semester _____
Student Name: _____	Accepted: _____
Address: _____	Coyote ID: _____
City: _____	Home Phone: (____) _____ - _____
State, Zip: _____, _____	Other Phone: (____) _____ - _____
	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 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	6				<input type="checkbox"/>
Psyc 6672	6				<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. Thesis

Study Plan	Units	Grade	Qtr/Yr	Comments	Grade Verified
Psyc 6641 or 6642	4				<input type="checkbox"/>
Psyc 6953	3				<input type="checkbox"/>
Psyc 6974	4				<input type="checkbox"/>

### D. Upper Division Writing Requirement (Please select one)

- |                                     |              |  |
|-------------------------------------|--------------|--|
| 1. 3060 Course/Grade _____          | Sem/Yr _____ | For items 2 or 3 please attach documentation for proof of completion |
| 2. WREE Score _____                 | Date _____   |  |
| 3. Waived by Graduate Studies _____ | Date _____   |  |

### Ethical Violations

Yes \_\_\_\_\_ No \_\_\_\_\_ Pending \_\_\_\_\_

Thesis Advisor Signature _____	Date _____
Graduate Program Director Signature _____	Date _____
Student Signature _____	Date _____