

Student Information

Date: _____	Semester Accepted: _____
Student Name: _____	Coyote ID: _____
Address: _____	Home Phone: (____) _____ - _____
City: _____	Other Phone: (____) _____ - _____
State, Zip: _____, _____	Email: _____

A. Core Curriculum

Study Plan	Units	Grade	Sem/Yr	Comments	Grade Verified
Psyc 6618	3				
Psyc 6619	3				
Psyc 6633	3				
Psyc 6636	3				
Psyc 6638	3				
Psyc 6640	3				
Psyc 6654	3				
Psyc 6665	3				
Psyc 6667	3				
Psyc 6671	6				
Psyc 6672	6				
Psyc 6674	3				
Psyc 6679	3				
Psyc 6682	3				
Psyc 6871	3				
Psyc 6872	3				
Psyc 6971	2				
Psyc 6972	1				
Core Total	57				

B. Thesis

Study Plan	Units	Grade	Qtr/Yr	Comments	Grade Verified
Psyc 6641/6642	4				
Psyc 6953	3				
Psyc 6974	4				

C. Ethical Violations

Yes _____ No _____ Pending _____

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