

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
CD 531	2				<input type="checkbox"/>
CD 532	2				<input type="checkbox"/>
CD 614	4				<input type="checkbox"/>
CD 624	4				<input type="checkbox"/>
CD 648	4				<input type="checkbox"/>
CD 651	4				<input type="checkbox"/>
CD 659	4				<input type="checkbox"/>
CD 690	4				<input type="checkbox"/>
PSYC 640	4				<input type="checkbox"/>
PSYC 641	5				<input type="checkbox"/>
PSYC 642	4				<input type="checkbox"/>
B. Thesis					
Study Plan	Units	Grade	Qtr/Yr	Comments	Grade Verified
CD 611B	2				<input type="checkbox"/>
CD 611C	3				<input type="checkbox"/>
CD 699	5				<input type="checkbox"/>
C. Upper Division Writing Requirement					
1. 306 Course/Grade: _____ Qtr/Yr: _____				For Option 3 please attach documentation for proof of completion	
2. PSYC-640 Grade: _____ Qtr/Yr: _____					
3. WREE Score: _____ Date: _____					
Ethical Violations					
Yes _____ No _____ Pending _____					

ADVANCEMENT TO CANDIDACY RECOMMENDED: AFTER COMPLETION OF AT LEAST 16 UNITS

Thesis Advisor Signature _____ Date _____

Graduate Program Director Signature _____ Date _____

Student Signature _____ Date _____