

Student Information

Date: _____ Quarter 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
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 689E	5				<input type="checkbox"/>
CD 690	4				<input type="checkbox"/>
PSYC 640	4				<input type="checkbox"/>

B. Comprehensive Exam

Study Plan	Units	Grade	Qtr/Yr	Comments	Grade Verified
CD 612E	5				<input type="checkbox"/>
CD 999	0				<input type="checkbox"/>

C. Electives: 8 units of electives chosen in consultation with an advisor.

Study Plan	Units	Grade	Qtr/Yr	Comments	Grade Verified
1.					<input type="checkbox"/>
2.					<input type="checkbox"/>
3.					<input type="checkbox"/>

D. Upper Division Writing Requirement

1. 306 Course/Grade _____	Qtr/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 _____

ADVANCEMENT TO CANDIDACY RECOMMENDED: AFTER COMPLETION OF 16 UNITS FROM A OR C ABOVE, PLUS 611E, COMPLETION OF D ABOVE AND NO ETHICAL VIOLATIONS.

Comp Exam Advisor Signature _____ Date _____
 Program Director Signature _____ Date _____
 Student Signature _____ Date _____