

**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	Instructor	Grade Verified
PSYC 640	4				<input type="checkbox"/>
PSYC 641	5				<input type="checkbox"/>
PSYC 642	4				<input type="checkbox"/>
PSYC 650	4				<input type="checkbox"/>
PSYC 652	4				<input type="checkbox"/>
PSYC 654	4				<input type="checkbox"/>
PSYC 656	4				<input type="checkbox"/>
PSYC 658	4				<input type="checkbox"/>

**B. Thesis**

Study Plan	Units	Grade	Qtr/Yr	Instructor	Grade Verified
PSYC 611B	2				<input type="checkbox"/>
PSYC 611C	3				<input type="checkbox"/>
PSYC 699	5				<input type="checkbox"/>

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

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

**D. Writing Requirement**

1. PSYC-640 Grade: _____ Qtr/Yr: _____	For Option 2 please attach a copy of the approved waiver for proof of completion
2. Waived by Graduate Studies 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 \_\_\_\_\_