

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
Psyc 616	4				<input type="checkbox"/>
Psyc 618	4				<input type="checkbox"/>
Psyc 619	4				<input type="checkbox"/>
Psyc 633	4				<input type="checkbox"/>
Psyc 636	4				<input type="checkbox"/>
Psyc 638	4				<input type="checkbox"/>
Psyc 640	4				<input type="checkbox"/>
Psyc 641 or 642	5 or 4				<input type="checkbox"/>
Psyc 654	4				<input type="checkbox"/>
Psyc 665	4				<input type="checkbox"/>
Psyc 667	4				<input type="checkbox"/>
Psyc 671	5				<input type="checkbox"/>
Psyc 672	5				<input type="checkbox"/>
Psyc 673	5				<input type="checkbox"/>
Psyc 679	4				<input type="checkbox"/>
Psyc 687A	2				<input type="checkbox"/>
Psyc 687B	2				<input type="checkbox"/>
Psyc 687C	2				<input type="checkbox"/>
Psyc 697A	4				<input type="checkbox"/>
Psyc 697B	4				<input type="checkbox"/>
Psyc 697C	4				<input type="checkbox"/>

Core Total 81 or 82
NOTE: UP TO EIGHT UNITS OF PSYC 697A, 697B, AND 697C MAY BE WAIVED FOR APPROPRIATE WORK EXPERIENCE.

B. Thesis

Study Plan	Units	Grade	Qtr/Yr	Comments	Grade Verified
Psyc 611E	5				<input type="checkbox"/>
Psyc 699	5				<input type="checkbox"/>

Total Units 91 or 92
NOTE: PSYC 682, AND 688 ARE REQUIRED FOR THOSE STUDENTS INTERESTED IN LICENSURE AS A MARRIAGE AND FAMILY THERAPIST PRIOR TO APPLICATION TO LICENSURE.

C. Writing Requirement (Please select one)

1. PSYC-640 Grade: _____ Qtr/Yr: _____
 2. Waived by Graduate Studies Date: _____
For Option 2 please attach documentation for proof of completion

Ethical Violations

Yes _____ No _____ Pending _____

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

Date _____
 Date _____
 Date _____