

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 581A	2				<input type="checkbox"/>
Psyc 581B	2				<input type="checkbox"/>
Psyc 581C	2				<input type="checkbox"/>
Psyc 581D	2				<input type="checkbox"/>
Psyc 581E	2				<input type="checkbox"/>
Psyc 581F	2				<input type="checkbox"/>
Psyc 581G	2				<input type="checkbox"/>
Psyc 601	4				<input type="checkbox"/>
Psyc 602	4				<input type="checkbox"/>
Psyc 603	4				<input type="checkbox"/>
Psyc 604	4				<input type="checkbox"/>
Psyc 640	4				<input type="checkbox"/>
Psyc 641	5				<input type="checkbox"/>
Psyc 642	4				<input type="checkbox"/>
Psyc 643	4				<input type="checkbox"/>
Psyc 644	4				<input type="checkbox"/>
Psyc 675	4				<input type="checkbox"/>
Psyc 689D	4				<input type="checkbox"/>
B. Thesis					
Study Plan	Units	Grade	Qtr/Yr	Comments	Grade Verified
Psyc 611B	2				<input type="checkbox"/>
Psyc 611C	3				<input type="checkbox"/>
Psyc 699	5				<input type="checkbox"/>
C. Psyc Electives: 4 units from Psyc 650, 652, 654, 656, 658					
Study Plan	Units	Grade	Qtr/Yr	Comments	Grade Verified
1.				Project	
D. Other Electives: 4 units from Act 503 - Econ 503 - Fin 503 - HD 540 - Mgmt 601, 641, 642, 644 - Psyc 540, 612, 636, 665, 679					
Study Plan	Units	Grade	Qtr/Yr	Comments	Grade Verified
1.					<input type="checkbox"/>
E. Writing Requirement					
1. 306 Course/Grade: _____			Qtr/Yr: _____		For items 2 or 3 please attach documentation for proof of completion
2. PSYC-640 Grade: _____			Qtr/Yr: _____		
3. GRE/GMAT Score: _____			Date: _____		
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 _____