

Student Information	
Date: _____	Quarter Accepted: _____
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
HD 690	4				<input type="checkbox"/>
Psyc 640	4				<input type="checkbox"/>
Psyc 645	4				<input type="checkbox"/>
Psyc 646	4				<input type="checkbox"/>
Psyc 651	4				<input type="checkbox"/>
Psyc 654	4				<input type="checkbox"/>
Psyc 664	4				<input type="checkbox"/>
Psyc 689E	5				<input type="checkbox"/>

B. Comprehensive Exam					
Study Plan	Units	Grade	Qtr/Yr	Comments	Grade Verified
Psyc 612E	5				<input type="checkbox"/>
Psyc 999B	0				<input type="checkbox"/>

C. Electives: 12 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"/>
4.					<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, COMPLETION OF D ABOVE AND NO ETHICAL VIOLATIONS.

Thesis Advisor _____ Date _____

Graduate Program Director _____ Date _____

Student Signature _____ Date _____