

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"/>

B. Project

Study Plan	Units	Grade	Qtr/Yr	Comments	Grade Verified
Psyc 611E	5				<input type="checkbox"/>
HD 695	5				<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 _____ 2. WREE Score _____ Date _____ 3. Waived by Graduate Studies _____ Date _____	For items 2 or 3 please attach documentation for proof of completion
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Ethical Violations

Yes _____ No _____ Pending _____

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

Thesis Advisor _____ Date _____

Program Director _____ Date _____

Student Signature _____ Date _____