

Student Information

Date: _____ Quarter Accepted: _____
 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 601	4				<input type="checkbox"/>
Psyc 602	4				<input type="checkbox"/>
Psyc 603	4				<input type="checkbox"/>
Psyc 604	4				<input type="checkbox"/>
Psyc 633	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.					<input type="checkbox"/>

D. Other Electives: 4 units from Act 503 - Econ 503 - Fin 503 - HD 540 - Mgmt 601, 640, 641, 642, 644, 670 - Psyc 540, 612, 636, 665, 679

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

E. 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

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 _____