

**Student Information**

Date: \_\_\_\_\_ Quarter Admitted: \_\_\_\_\_  
 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
CD 531	2				<input type="checkbox"/>
CD 532	2				<input type="checkbox"/>
CD 614	4				<input type="checkbox"/>
CD 624	4				<input type="checkbox"/>
CD 648	4				<input type="checkbox"/>
CD 651	4				<input type="checkbox"/>
CD 659	4				<input type="checkbox"/>
CD 690	4				<input type="checkbox"/>
PSYC 640	4				<input type="checkbox"/>

**B. Project**

Study Plan	Units	Grade	Qtr/Yr	Comments	Grade Verified
CD 611E	5				<input type="checkbox"/>
CD 695	5				<input type="checkbox"/>

**C. Electives: 8 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"/>

**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, PLUS 611E, COMPLETION OF D ABOVE AND NO ETHICAL VIOLATIONS.

Project Advisor Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Program Director Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Student Signature \_\_\_\_\_ Date \_\_\_\_\_