

**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	Instructor	Grade Verified
Psyc 640	4				<input type="checkbox"/>
Psyc 641	5				<input type="checkbox"/>
Psyc 642	4				<input type="checkbox"/>
Psyc 650	4				<input type="checkbox"/>
Psyc 652	4				<input type="checkbox"/>
Psyc 654	4				<input type="checkbox"/>
Psyc 656	4				<input type="checkbox"/>
Psyc 658	4				<input type="checkbox"/>

**B. Thesis**

Study Plan	Units	Grade	Qtr/Yr	Instructor	Grade Verified
Psyc 611B	2				<input type="checkbox"/>
Psyc 611C	3				<input type="checkbox"/>
Psyc 699	5				<input type="checkbox"/>

**C. Electives: 8 units of electives chosen in consultation with an advisor.**

Study Plan	Units	Grade	Qtr/Yr	Instructor	Grade Verified
1.					<input type="checkbox"/>
2.					<input type="checkbox"/>
3.					<input type="checkbox"/>
4.					<input type="checkbox"/>

**D. Upper Division Writing Requirement (Please select one)**

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 \_\_\_\_\_

Thesis Advisor Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Graduate Program Director Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Student Signature \_\_\_\_\_ Date \_\_\_\_\_