

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
Psyc 616	4				<input type="checkbox"/>
Psyc 618	4				<input type="checkbox"/>
Psyc 619	4				<input type="checkbox"/>
Psyc 633	4				<input type="checkbox"/>
Psyc 636	4				<input type="checkbox"/>
Psyc 638	4				<input type="checkbox"/>
Psyc 640	4				<input type="checkbox"/>
Psyc 654	4				<input type="checkbox"/>
Psyc 665	4				<input type="checkbox"/>
Psyc 667	4				<input type="checkbox"/>
Psyc 671	5				<input type="checkbox"/>
Psyc 672	5				<input type="checkbox"/>
Psyc 673	5				<input type="checkbox"/>
Psyc 679	4				<input type="checkbox"/>
Psyc 687A	2				<input type="checkbox"/>
Psyc 687B	2				<input type="checkbox"/>
Psyc 687C	2				<input type="checkbox"/>
Psyc 697A	4				<input type="checkbox"/>
Psyc 697B	4				<input type="checkbox"/>
Psyc 697C	4				<input type="checkbox"/>
Core Total	77				

NOTE: UP TO EIGHTS UNITS OF PSYC 697A, 697B, AND 697C MAY BE WAIVED FOR APPROPRIATE WORK EXPERIENCE.

B. Comprehensive Exam

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

C. Electives: 8 units of electives chosen from 500-600 level courses, excluding 575, 595, 611 & 612.

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

Total Units 90

NOTE: PSYC 682, AND 688 ARE REQUIRED FOR THOSE STUDENTS INTERESTED IN LICENSURE AS A MARRIAGE AND FAMILY THERAPIST PRIOR TO APPLICATION TO LICENSURE.

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 _____

Comp Exam Advisor Signature _____ Date _____
 Graduate Program Director Signature _____ Date _____
 Student Signature _____ Date _____