

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 641 or 642	5 or 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 81 or 82

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

B. Thesis

Study Plan	Units	Grade	Qtr/Yr	Comments	Grade Verified
Psyc 611E	5				<input type="checkbox"/>
Psyc 699	5				<input type="checkbox"/>

Total Units 91 or 92

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

C. 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 _____