

Student Information	
Date: _____	Semester Admitted: _____
Student Name: _____	Student ID: _____
Address: _____	Home Phone: (____) _____ - _____
City: _____	Other Phone: (____) _____ - _____
State, Zip: _____, _____	Email: _____

A. Core Curriculum					
Study Plan	Units	Grade	Sem/Yr	Comments	Grade Verified
Psyc 5581	1				<input type="checkbox"/>
Psyc 6601	3				<input type="checkbox"/>
Psyc 6602	3				<input type="checkbox"/>
Psyc 6603	3				<input type="checkbox"/>
Psyc 6604	3				<input type="checkbox"/>
Psyc 6640	3				<input type="checkbox"/>
Psyc 6641	4				<input type="checkbox"/>
Psyc 6642	4				<input type="checkbox"/>
Psyc 6644	3				<input type="checkbox"/>
Psyc 6675	3				<input type="checkbox"/>
Psyc 6893	3				<input type="checkbox"/>

B. Thesis					
Study Plan	Units	Grade	Sem/Yr	Comments	Grade Verified
Psyc 6951	1				<input type="checkbox"/>
Psyc 6951	1				<input type="checkbox"/>
Psyc 6974	4				<input type="checkbox"/>

C. 3 units chosen from: Psyc 5582 and 5583					
Study Plan	Units	Grade	Sem/Yr	Comments	Grade Verified
1.					<input type="checkbox"/>

D. 3 units chosen from: Psyc 6643, 6650, 6652, 6654, 6656, 6658					
Study Plan	Units	Grade	Sem/Yr	Comments	Grade Verified
1.					<input type="checkbox"/>

E. Upper Division Writing Requirement (Please select one)	
1. Upper Division Writing Course/Grade: _____ Sem/Yr _____	For items 2, 3 or 4 please attach documentation for proof of completion
2. PSYC 6640 Grade: _____ Sem/Yr _____	
3. GRE/GMAT Score _____ Date _____	
4. Waived by Graduate Studies _____ Date _____	

Ethical Violations		
Yes _____	No _____	Pending _____

Thesis Advisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Graduate Program Director Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_