



Authorization of Degree Program – Doctoral Doctor of Philosophy (Ph.D.) in Clinical Psychology

This form is not approved until all signatures have been obtained.
Submit to the College of Graduate Studies at the address below.

Name: _____ Student ID#: _____

Local address: _____
City State/Country Zip/Postal Code

Contact Information: _____
Email Phone

Degree (check one): Doctor of Philosophy (Ph.D.) in Clinical Psychology

Graduate Program Content

Doctoral Degrees:

- 50 of the total 90 credit hours in coursework at the 600-level or higher
- 15 of the last 30 credit hours in coursework at the 700-level or higher

REQUIRED CREDIT HOURS (course #/credit hours)	ELECTIVE CREDIT HOURS	TRANSFER CREDITS* (institution/course #/credit hours)
Master’s Degree 54 credits Courses to be taken at CMU: (45 credits) PSY 589 (3) or PSY 680 (3) PSY 661 (3) PSY 687 (3) PSY 765 (3) PSY 850 (3) PSY 890 (3) PSY 891 (3) PSY 892 (3) PSY 893 (3) PSY 898 (6) PSY 899 (6) PSY 990 (3) PSY 991 (3)	Electives (9 credits) – to be determined by the student and the advisor.	
GRAND TOTAL HOURS:		108

* Graduate transfer credit guidelines are outlined in the *Graduate Bulletin*. A *Graduate Transfer Credit Request* form must be completed and approved by the advisor and the College of Graduate Studies before transfer credit is accepted. Transfer credit cannot be extended (see Extension of Time guidelines).

Check one: Dissertation **Plan Requirements:** Oral Exam over: Dissertation

Student: _____
Signature Print Name Date

Advisor: _____
Signature Print Name Date

College of Graduate Studies Dean: _____
Signature Print Name Date

Distribution: College of Graduate Studies, Student, Advisor (11/07)