



Authorization of Degree Program – Graduate Master of Arts – 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: MA MS MM MBA MPA MSA
 MAHum Specialist Graduate Certificate

Option/Area of Concentration (if applicable): Master of Arts – Clinical Psychology

Graduate Program Content

- Master’s Degrees: at least 15 credit hours must be in courses at the 600 level or above.

REQUIRED CREDIT HOURS (course #/credit hours)	ELECTIVE CREDIT HOURS	TRANSFER CREDITS* (institution/course #/credit hours)
PSY 510 (3) PSY 630 (3)		
PSY 642 (3) PSY 641 (3)		
PSY 609 (3) PSY 785 (3)		
PSY 653 (3) PSY 798 (6)		
PSY 657 (3) PSY 790 (3)		
PSY 658 (3) PSY 791 (3)		
PSY 660 (3)		
PSY 751 (3)		
PSY 612 (3)		
PSY 613 (3)		
PSY 624 (3)		
GRAND TOTAL HOURS: 54		

* 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).

<p>Please indicate which option is being selected:</p> <p><input checked="" type="checkbox"/> Plan A <input type="checkbox"/> Plan B <input type="checkbox"/> Plan C</p>	<p>Plan Requirements:</p> <p><input checked="" type="checkbox"/> Thesis <input type="checkbox"/> Oral Exam over (circle one): Coursework Thesis <input checked="" type="checkbox"/> Comprehensive Exam over Area of Specialization</p>
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Student: _____
Signature
Print Name
Date

Advisor: _____
Signature
Print Name
Date