NAME:	NAME:			Student				
ID:								
	Checklist for Ph.D. De	gre	ее	Requireme	ents			
DATE A	ATE ADMITTED: PROGRAM: CI		al_	ADVISOR:				
STATIS	STICS							
				Sei	mester			
	PSY 501/508							
	PSY 502/508							
REQUIRED 0-CREDIT COURSES (Note: PSY 585-586 is required in Y1-Y4)								
				Sei	mester			
	PSY 504 – First Year Lectures/RCR							
	PSY 620 - Diversity Seminar (after 202	20)						
3 BRE	ADTH COURSES (Title & Course Numbe	r)						
	Title		Сс	ourse Number	Semester			
	Multivariate Methods		PSY 505 or					
			Equiv.					
	2.							
	3.							
AREA (DEPTH) COURSES (Title & Course Number)								
	Title	Course		rse Number	Semester			
	Assmt: Principles, Interviews, Adult	PSY 53		534				
	Psychopathology: Concept Models	PSY 5		545				
	Intervention Science	PSY 5		530				
	Assmt: Pers, Intell/Cog Tstg,	PS	Y (602				
	Child/Parent Assmt.							
	Psychonathology – Ext. and	PS	Υ ι	596				

PSY 603

Psychotic Disorders

Ethics and Prof Issues

Teachi	ing: Substantial Direct Instruction (2 SDI's		
	Instructor	Course	Semester
	1.	PSY 310	
	۷.		
2 nd YE	AR PAPER/MASTER'S DEGREE REQUIR	EMENTS:	
			Date
	Approval Form completed		
	Copy of 2 nd Year Paper to Graduate Office	e	
	Signed Completion of Requirements Form	(MA Degree)	
SPECI	ALTIES EXAM:		
			Date
	Approval for (3 member) committee		
	Signed Exam Performance Form		
	Signed Advancement to Candidacy Form		
	Signed Advancement to Candidacy Form		
DISSE	Signed Advancement to Candidacy Form RTATION:		
DISSE			Date
DISSE			Date
DISSE	RTATION:		Date
DISSE	RTATION: Request for (4 member) committee	Grad Office	Date
DISSE	RTATION: Request for (4 member) committee Signed approval of proposal	Grad Office	Date
DISSE	RTATION: Request for (4 member) committee Signed approval of proposal Defense dissertation abstract submitted to		Date
DISSE	RTATION: Request for (4 member) committee Signed approval of proposal Defense dissertation abstract submitted to Signed approval of dissertation		Date
	RTATION: Request for (4 member) committee Signed approval of proposal Defense dissertation abstract submitted to Signed approval of dissertation	nts	Date
	RTATION: Request for (4 member) committee Signed approval of proposal Defense dissertation abstract submitted to Signed approval of dissertation Signed Completion of Degree Requirement	nts	Date

NAME:		Student	
ID:			