| NAME:  | Student ID:          |            |  |
|--|----------------------|------------|--|
| Checklist for Ph.D. De                             | gree Requirem        | ents       |  |
| DATE ADMITTED: PROGRAM: Cognitive Science ADVISOR: |                      |            |  |
| STATISTICS   |                      |            |  |
|  | Ser                  | mester     |  |
| PSY 501/508  |                      |            |  |
| PSY 502/508  |                      |            |  |
| REQUIRED 0-CREDIT COURSES (Note: PSY 5             | 83-584 is required e | very year) |  |
|  | Ser                  | mester     |  |
| PSY 504 – First Year Lectures/RCR                  |                      |            |  |
| PSY 620 - Diversity Seminar (after 2020            | 0)                   |            |  |
| 3 BREADTH COURSES (Title & Course Number           | Course Number        | Semester   |  |
| 1.   |                      |            |  |
| 2.   |                      |            |  |
| 3.   |                      |            |  |
| AREA (DEPTH) COURSES (Title & Course Nur           | nber)                |            |  |
| Title  | Course Number        | Semester   |  |
| 1.   |                      |            |  |
| 2.   |                      |            |  |
| 3.   |                      |            |  |
| TEACHING: Substantial Direct Instruction (2 S      | DI's required)       |            |  |
| Instructor   | Course               | Semester   |  |
| 1.   | PSY 310              |            |  |
| 2.   |                      |            |  |
| L  |                      |            |  |

| AME: Studer  | nt ID:             |
|--|--------------------|
| YEAR PAPER/MASTER'S DEGREE REQUIREMENTS:               |                    |
|  | Date               |
| Approval Form completed                                |                    |
| Copy of 2 <sup>nd</sup> Year Paper to Graduate Office  |                    |
| Signed Completion of Requirements Form (MA Degree)     |                    |
| PECIALTIES EXAM:                                       |                    |
|  | Date               |
| Approval for (3 member) committee                      |                    |
| Signed Exam Performance Form                           |                    |
| Signed Advancement to Candidacy Form                   |                    |
| SSERTATION:  |                    |
|  | Date               |
| Request for (4 member) committee                       |                    |
| Signed approval of proposal                            |                    |
| Defense dissertation abstract submitted to Grad Office |                    |
| Signed approval of dissertation                        |                    |
| Signed Completion of Degree Requirements               |                    |
| PTIONAL: ADVANCED GRADUATE CERTIFICATE:                |                    |
| Certificate Name:                                      | Date               |
|  | Enrolled/Completed |
|  |                    |
|  | 1                  |