



Authorization of Degree Program - Graduate

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 Science in Experimental Psychology

Graduate Program Content

- Master's Degrees: at least 15 credit hours must be in courses at the 600 level or above.
- Specialist's Degrees: at least 20 of the last 30 credit hours must be in courses at the 600 level or above.

REQUIRED CREDIT HOURS (course #/credit hours)	ELECTIVE CREDIT HOURS (course #/credit hours)	TRANSFER CREDITS* (institution/course #/credit hours)
PSY 511 (3) PSY 690 (2) PSY 609 (3) Select 1 course from each group (12): PSY 611 or 612 or 613 PSY 587 or 687 PSY 589 or 680 or 681 PSY 624 or 630 PSY 798 (6)	10 hours-selected in consultation with your advisor	
GRAND TOTAL HOURS: 36		

* 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).

Please indicate which option is being selected: <input checked="" type="checkbox"/> Plan A <input type="checkbox"/> Plan B <input type="checkbox"/> Plan C	Plan Requirements: <input checked="" type="checkbox"/> Thesis <input type="checkbox"/> Scholarly Paper <input checked="" type="checkbox"/> Oral Exam: Thesis <input type="checkbox"/> Comprehensive Exam over Area of Specialization
--	--

Student: _____
Signature Print Name Date

Advisor: _____
Signature Print Name Date