



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.
- 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	TRANSFER CREDITS* (institution/course #/credit hours)
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).

Please indicate which option is being selected:

- Plan A
 Plan B
 Plan C

Plan Requirements:

- Thesis
 Oral Exam over (circle one): Coursework Thesis
 Comprehensive Exam over Area of Specialization

Student: _____
Signature Print Name Date

Advisor: _____
Signature Print Name Date