

Authorization of Degree Program – Graduate School Psychology – Master of Arts

**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

Graduate Program Content

- **Master’s Degree: 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 767 must be completed while a student at CMU.		
		GRAND TOTAL HOURS:

***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).**

Plan A Requirements: Thesis Oral Exam over Thesis

Student: _____
Signature Print Name Date

Advisor: _____
Signature Print Name Date

Distribution: Upload to Image Now, Advisor, Student

(07/14)

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 TELEPHONE (989) 774-GRAD • FAX (989) 774-1857 • WWW.GRAD.CMICH.EDU