

Authorization of Degree Program – Graduate Specialist in Psychological Services (S.Psy.S.)

**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

- **Specialist’s Degree: 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)
	6 credit hours	
		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).

Student: _____
Signature Print Name Date

Advisor: _____
Signature Print Name Date

Distribution: Upload to Image Now, Advisor, Student

(07/14)

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