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.

Student ID#_____

Name:_____

| Local address: | | | |
|---|---------------------------|----------------------------|--------------------------|
| Contact Information: | City | State/Country | Zip/Postal Code |
| Email | | | |
| | | | |
| | | | |
| Graduate Program Content | | | |
| Master's Degree: at least 15 cre | edit hours must be in c | ourses at the 600 level or | r above. |
| REQUIRED CREDIT HOURS | ELECTIVE CREDIT | | RANSFER CREDITS* |
| (course#/credit hours) | | (institut | ion/course#/credit hours |
| | | | |
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| *PSY 767 must be completed while a student at CMU. | | | |
| ν | | | OTAL HOURS: |
| *Graduate transfer credit guidelines are outlined approved by the advisor and the College of Gradu Extension of time guidelines). | | | |
| Plan A Requirements: Thes | is Oral Exar | n over Thesis | |
| Student: | | | |
| Signature | Print Name | | Date |
| | | | |
| Advisor:Signature | Drint Nama | | Date |
| oignature | Print Name | | Date |
| Distribution: Upload to Image Now, Advisor, Stude | nt | | (07/14) |
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