Complete this form by the end of your **third year in the program**. The completed form should be submitted to the Dean of the Graduate School. Indicate when you completed each course (i.e., Fall 2015) or when you expect to complete the course. For courses that are elective or are not listed in this form please include the course number and title.

**Date:** ______________

**Name:** _________________________________ **Student ID#** ____________

**Minimum credit hours required for graduation:** 88

Core Health Psychology Courses (9 credits hours):
PSYC 8200 Introduction to Health Psychology I
PSYC 8201 Introduction to Health Psychology II
PSYC 8243 Diversity in Health Psychology

Research Methodology (9 credit hours):
PSYC 8102 Research Methodologies in Behavioral Sciences I
PSYC 8103 Basic Quantitative Analyses for Behavioral Sciences

Advanced Methodology Course:

Clinical concentration (37-40 hours):
PSYC 8050 Topics in Psychological Treatment
PSYC 8107 Ethical and Professional Issues in Psychology
PSYC 8141 Intellectual Assessment
PSYC 8142 Personality Assessment
PSYC 8150 Introduction to Psychological Treatment 73
PSYC 8151 Behavior Disorders
PSYC 8240 History and Systems of Psychology
PSYC 8245 Clinical Supervision and Consultation
PSYC 8450 Practicum in Clinical Psychology
PSYC 8950 Internship

Breadth Courses (12 credits):
Cognitive: PSYC 6116 Cognition
Developmental: PSYC 8099 Topics in Developmental Psychology
Physiological: PSYC 8113 Physiological Psychology
Social: PSYC 6130 Social Psychology

Interdisciplinary Courses (9 credit hours):

General electives (9 credit hours):

Advisory Committee Chair
_____________________________________ Date: __________
(Print name and sign)

Committee members:
_____________________________________ Date: __________
(Print name and sign)
_____________________________________ Date: __________
(Print name and sign)

Program Director
_____________________________________ Date: __________
(Print name and sign)