



Graduate Programs in Clinical Psychology

To be filed with the Graduate Program in Clinical Psychology after competing a minimum of 12 credit hours and a maximum of 30 credit hours in the program, that includes at least one year-long clinical course sequence (such as: GPS 525-526, or GPS 515-516, or GPS 507-508) and 6 credits of general core courses (such as: GPS 505, 510-511, 513 or 520).

Name _____
Last First Middle

Student ID# _____

Address _____

Home Phone _____ Other Phone _____

Email _____

Date first course taken in GPS Program _____ / _____
Semester Year Expected Completion Date _____

A. COURSES COMPLETED TO DATE:

| Course No. | Title | Grade | Credits |
|-------------------------------|-------|-------|---------|
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| | | | |
| <i>total credits to date:</i> | | | |

B. PROPOSED COURSES TO COMPLETE DEGREE REQUIREMENTS:

| Course No. | Title | Term/Year | Credits |
|------------|-------|-----------|---------|
| | | | |
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| | | | |
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Proposed courses to complete degree requirements section continued on reverse

B. PROPOSED COURSES TO COMPLETE DEGREE REQUIREMENTS *(continued)*:

| Course No. | Title | Term/Year | Credits |
|------------|-------|-----------|---------|
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PROPOSED TRANSFER CREDIT REQUEST:

(Submit a Transfer of Credit Form with official transcript(s) and course description(s). Send to the Clinical Psychology Program Office, Box 38, Saint Michael's College)

| Course No. | Title | Term/Year | Credits |
|--|-------|-----------|---------|
| | | | |
| | | | |
| | | | |
| <i>total credits to date + proposed + transferred:</i> | | | |

Student Signature _____ Date _____

Director's Signature _____ Date _____