**PSYCHOLOGY DEPARTMENT**

**Clinical Psychology**

## STUDY PLAN

**DEGREE PLAN:** Master of Arts **ANTICIPATED GRADUATION DATE:**\_\_\_\_\_\_\_\_\_\_

**CONCENTRATION**: CLPY

**NAME**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **TU ID**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**E-MAIL:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **THESIS TRACK (Circle One): Yes No**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **REQUIRED COURSEWORK** | | | | |
| **COURSES** |  | **CREDITS** | **SEMESTER COMPLETED** | **GRADE** |
| ***Psyc 720*** | ***Intelligence Assessment*** | ***3*** |  |  |
| ***Psyc 631*** | ***Advanced Abnormal*** | ***3*** |  |  |
| ***Psyc 665*** | ***Psychotherapy I*** | ***3*** |  |  |
| Psyc 687 | Design I | **3** |  |  |
| ***Psyc 666*** | ***Psychotherapy II*** | ***3*** |  |  |
| Psyc 688 | Design II | **3** |  |  |
| ***Psyc 790*** | ***Ethical,Legal, Prof*** | ***3*** |  |  |
| Psyc 632\* | Child Psychopathology | **3** |  |  |
| Psyc 765 | Personality Assessment | **3** |  |  |
| ***Psyc 697*** | ***Practicum*** | ***3*** |  |  |
| Psyc 755 | Cognitive Therapy | **3** |  |  |
| ***Psyc 697*** | ***Practicum (continuation)*** | ***1*** |  |  |
| ***Psyc 797*** | ***Internship*** | ***3*** |  |  |
| **THESIS CREDITS/ELECTIVE CREDITS** | | | | |
| Psyc \_\_\_\_\_ | Thesis |  |  |  |
| Psyc \_\_\_\_\_ | Thesis |  |  |  |
| Psyc\_\_\_\_\_ | Elective (Course Title): | **3** |  |  |
| Psyc\_\_\_\_\_ | Elective(Course Title): | **3** |  |  |
| Psyc\_\_\_\_\_ | Elective(Course Title): | **3** |  |  |
| **REPLACEMENT COURSES** | | | | |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **GRADUATION REQUIREMENTS COMPLETED** | | | | |
| **Notes**: | | **Circle One:** YES NO | | |

**Note: Cross out any course to be replaced; In spaces provided, write in replacement courses. Bolded/italicized courses may not be replaced. \*Students planning to pursue a child-oriented field placement may not replace Psyc 632.**

**Program Director’s Signature:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D**ate:**\_\_\_\_\_\_\_\_\_