

## MASTER OF SCIENCE PSYCHOLOGY PLAN OF STUDY

Name:	Address:	ess:		
Student ID #:				
Email Address:				
Phone #:	Advisor:			
Catalog Year	☐ I have read the graduate catalog			
COURSES	Credits	Grade	Term	
. Core Requirements (12 Credits)				
PSYC 505 Clinical Research Methods	3			
PSYC 510 Advanced Social Psychology	3			
PSYC 515 Psychopathology	3			
PSYC 520 Human Neuropsychology	3			
I. <u>Electives (30 credits)</u>				
	3			
	3			
	3			
	3			
	3			
	3			
	3			
	2			
	3			
	<del></del>			
Total Minimum Semester (	Credits 42			
Advisor:				
Student:				
Chair:	<u></u>			
Dean:	Date:			
APPROVED: Director of Graduate Studies:	Date:			

SIX YEAR EXPIRATION:\_\_\_\_

MASTERS DEGREE COMPLETION DATE: