

Advancement to Candidacy Form for Masters' or Specialists' Degree Programs College of Graduate Studies • Office of the Dean • Middle Tennessee State University

Official Use Only
Input on _____

1. A copy of your candidacy form should be submitted to the College of Graduate Studies according to your program's curricular requirements.
2. Please list course number & department, course title, and semester hours of credit as indicated below.
3. Secure the signatures of the appropriate persons and submit the signed form to the College of Graduate Studies, Sam H. Ingram Bldg, Room 121A.

Name: _____ Student Identification # _____ Date: _____

Address: _____ Telephone # _____

Degree: MA Major: Psychology Concentration: Clinical

If applicable: Minor: _____ Specialization: _____

Course ID # (including Prefix)	Course Title	Sem. Hours	Grade	IF APPLICABLE: <i>Transfer Credit Taken Prior to Attending MTSU Transfer Institution</i>	Substitute for MTSU Course#	Dept. Approval for Transfer Credit
	Pre/corequisites: (May not count toward 46-hour graduate program-see catalog)					
a.	Group Measurement/Testing	(3)				
b.	Abnormal Psychology or Personality	(3)				
c.	Learning or Cognition	(3)				
d.	Social or Developmental	(3)				
e.	Physiological, Sensation & Perception, or Research Methods	(3)				
	Degree Program					
PSY 6020	Theories of Personality	3				
PSY 6250	Objective Personality Assessment	3				
PSY 6100	Intellectual Assessment	3				
PSY 6101	Intellectual Assessment Lab	1				
PSY 6510	Psychopathology	3				
PSY 6690	Professional Issues and Roles	3				
PSY 6801	Interviewing and Interventions	3				
PSY6841 OR PSY 5470 OR 6080	Individual Psychotherapy OR Theories of Counseling OR Interventions with Children and Adolescents	3				
PSY 6851	Field Practicum: Clinical Assessment	3				
	Electives (Select one option):					
	<input type="checkbox"/> General Clinical <input type="checkbox"/> Behavioral Analyst					
	<input type="checkbox"/> Health/Neuropsychology					
PSY						
PSY						
PSY						
PSY						
	Language Research Tools					
PSY 6280	Intermediate Statistics	3				
PSY 6290	Advanced Statistics	3				
PSY 6640	Thesis	3				

Signature of Candidate Date: _____

If Applicable: _____

I certify the above degree plan _____ Date: _____
Signature of Graduate Advisor

Signature of Minor Advisor Date: _____

This individual holds a professional license, or licensure requirements will be met by the above courses, if applicable.

Signature of Teacher Licensing Analyst Date: _____

MST & MAT Students, only:

Signature of Chair of
Educational Leadership Department or
Elementary Education Department Date: _____

Signature of Dean, College of Graduate Studies or Graduate Analyst Date: _____