

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

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, Room 114, Cope Building.

Name: _____ Student Identification # _____ Date: _____

Address: _____ Telephone # _____

Degree: EdS Major: Curriculum & Instruction Concentration: School Psychology

If applicable: Minor: _____ Specialization: _____

Course ID # (including Prefix)	Course Title	Sem. Hours	Grade	IF APPLICABLE: <i>Transfer Credit Taken Prior to Attending MTSU</i> Transfer Institution	Substitute for MTSU Course#	Dept. Approval for Transfer Credit
Prerequisites						
	Masters degree in Psychology					
Degree Program						
SPSE 6390	School Law	3				
SPSE 6640	Microcomputers in the Schools	3				
PSY 7810	Advanced Internship: School Psychology	6				
PSY 7080	Practicum: Advanced Interventions with Children	3				
PSY 7530	Psych of Reading/Reading Development	3				
PSY 7100	Multicultural & Social Bases for Assess. & Interv. Practices	3				
Guided Electives						
PSY 6105	Pre-School Assessment	3				
	Program Evaluation	3				
PSY	Neuropsychology in the Schools	3				
Language Research Tools (if relevant)						
FOED 7610/761	Directed Indiv. Res or Master's degree thesis listed on transcript					

30 hour program

Signature of Candidate Date: _____

If Applicable:

Residency (Indicate time period)--18 hours in 12 month period plus 9 semester hours in one semester during EdS

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

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 Dean, College of Graduate Studies or Graduate Analyst Date _____

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