MTSU

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 SIS_____

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: **MA** Major: **Psychology** Concentration: **School Psychology**

Course ID # (including Prefix)	**Course Title**	**Sem. Hours**	**Grade**	***IF APPLICABLE:*** *Transfer Credit Taken Prior to Attending MTSU* **Transfer Institution**	**Substitute for MTSU Course#**	Dept. Approval for Transfer Credit
	Degree Program					
PSY 6640	Thesis/Research Techniques	**3**				
PSY 6440	(Learning) Adv. Applied Behavioral Analysis	**3**				
PSY 6400	(Abnormal) Child Disorders	**3**				
PSY 6060	School Psychology	**3**				
PSY 6065	Mental Health	**3**				
PSY 6080	Psychoeducational Interventions with Children	**3**				
PSY 6100 PSY 6101	Intellectual Assessment Intellectual Assessment Lab	**3** **1**				
PSY 6120 or 6130 or 6410	Developmental Psy: Child or Dev. Psy: Adolescent	**3**				
PSY 6140	Practicum School Psychology	**3**				
PSY 6750	Psy. & Assessment of Learning Disabilities	**3**				
PSY 6760	Educational Assessment	**1**				
PSY 6770	Assess. & Therap. Inter. for Children's Emot. Problem	**3**				
PSY 6890	Consultation	**3**				
PSY 6950	Literature Review in School Psychology	**1**				
	Language Research Tools (if relevant)					
PSY 6280	Intermediate Statistics	3				
PSY 6290	Advanced Statistics	3				

45 hours required

_____ Date: _____
Signature of Candidate

If Applicable:

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

_____ Date: _____
Signature of Minor Advisor

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

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

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