

# Master's or Ed.S. Program of Study

## Psychology

1. This form is for departmental use only.
2. This form should be completed the semester after you complete 9 hours – typically Spring of your first year.
3. Waiver of the third prosemin required should be obtained prior to completion of this form. Please make sure it is attached to this form or in your file.

## PersonalData

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Name: \_\_\_\_\_

Address: \_\_\_\_\_

SSN: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## ProgramInformation (referto graduatecatalog)

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PSY@rea: \_\_\_\_\_ Degree: Master of Arts  
Master of Science  
Specialistn Education

## Signatures

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\_\_\_\_\_  
StudentSignature Date

\_\_\_\_\_  
GraduateProgramChair Date

\_\_\_\_\_  
Advisor Date

Plan of Study:

First Priority – UNOCourses		Alternative UNOCourses		Record		
Dept. and CourseNo.	CourseTitle	Dept. and CourseNo.	CourseTitle	Grade	Hours	Tentative Semester Taken
1)	Statistical Prosem					
2)	Group1 Prosem					
3)	Group2 Prosem– Priority 1					