

Doctor of Psychology (Psy.D.)

School of Psychology & Counseling

Name: _____ Regent Student ID: _____
 Advisor: _____ Dissertation Chair: _____
 Semester Entering Program: 2013 Fall Total Transfer Hours: _____ Total Hours Waived: _____
 Total Required Hours for Psy.D.* _____ Total Required Hours for M.A.* _____

COURSE #	Course name	Credit Hours	Initial Planned Semester	Planned Sequence	Transfer/Waiver ⁴	Courses Actual Year & Semester ⁵
PSY 600	Clinical Psychology	3	2013 Fall	1		
PSY 621	Clinical Interviewing	3	2013 Fall	1		
PSY 638	Psychopathology	3	2013 Fall	1		
PSY 725	Intelligence Testing & Psychometrics	4	2013 Fall	1		
PSY 670	Multicultural Psychology	3	2014 Spring	2		
PSY 627	Psychotherapies I	3	2014 Spring	2		
PSY 661	Ethics, Professional Orientation, & Legal Issues	3	2014 Spring	2		
PSY 714	Statistics	3	2014 Spring	2		
PSY 726	Personality Assessment & Psychometrics	3	2014 Spring	2		
PSY 626	Personality Theory	3	2014 Summer	3		
PSY 777	Survey of Christianity	3	2014 Summer	3		
PSY 617	Research Design	3	2014 Fall	4		
PSY 732	Clinical Assessment & Treatment Planning	2	2014 Fall	4		
PSY 733	Clinical Practica	2	2014 Fall	4		
PSY 779	Applied & Clinical Integration	3	2014 Fall	4		
PSY 628	Psychotherapies II	3	2015 Spring	5		
PSY 640	Lifespan Psychology	3	2015 Spring	5		
PSY 734	Clinical Practica	2	2015 Spring	5		
PSY 715	Biological Bases of Behavior	3	2015 Spring	5		
PSY 735	Clinical Practica	2	2015 Summer	6		
PSY 776	Psychology of Religion	3	2015 Summer	6		
Elective PSY__		3	2015 Summer	6		
PSY 700	Dissertation Methodology	1	2015 Fall	7		
PSY 717	Social Psychology	3	2015 Fall	7		
PSY 736	Clinical Practica	2	2015 Fall	7		
PSY 614	Clinical Child & Pediatric Psychology	3	2015 Fall	7		
Elective PSY__		3	2015 Fall	7		
PSY 716	Affect, Cognition & Motivation	3	2016 Spring	8		
PSY 723	History & Systems of Psychology	3	2016 Spring	8		
PSY 718	Dissertation Proposal and Professional Dev. ²	1	2016 Spring	8		
PSY 737	Clinical Practica	2	2016 Spring	8		
Elective PSY__		3	2016 Spring	8		
PSY 778	Applied Theology for Clinical Psychologists	3	2016 Summer	9		
PSY 738	Clinical Practica	2	2016 Summer	9		
Elective PSY__		3	2016 Summer	9		

COURS E #	Course name	Credit Hours	Planned Semester	Planned Sequence	Transfer/Waiver ⁴	Courses Actual Year & Semester
PSY 763	Supervision & Consultation	3	2016 Fall	10		
PSY739	Advanced Practica	1	2016 Fall	10		
PSY701	Dissertation ³	3	2016 Fall	10		
Elective PSY ____		3	2016 Fall	10		
PSY 728	Advanced Assessment	2	2016 Fall	11		
PSY 702	Dissertation ³	3	2017 Spring	11		
PSY 741	Advanced Practica	1	2017 Spring	11		
Elective PSY ____		3	2017 Spring	11		
PSY 703	Dissertation ³	3	2017 Summer	12		
PSY 780	Integration Capstone	1	2017 Summer	12		
PSY 801	Clinical Internship	1	2017 Fall	13		
PSY 802	Clinical Internship	1	2018 Spring	14		
PSY 803	Clinical Internship	1	2018 Summer	15		
	e.g. Dissertation Continuation PSY704 ^{2,3} would be added here, etc					

Tentative M.A. Completion Date: _____ (Sem/Yr) Tentative Psy.D. Completion Date: _____ (Sem/Yr)
Total Hours Obtained: _____ Semester/Year: _____ Total Hours Obtained: _____ Semester/Year: _____

Please see the PROGRAM HANDBOOK for all ADP policies, procedures, and requirements.
Please know that your Financial Aid can be affected if you take more credits than required to complete the degree; seek counseling from your financial aid advisor.

Specialty Focus	Focus Courses ⁶	Research Team	Dissertation Topic in Area	Track Mentor(s)
<input type="checkbox"/> Clinical Child <input type="checkbox"/> Marriage & Family <input type="checkbox"/> Health Psychology <input type="checkbox"/> Consulting Psychology <input type="checkbox"/> Forensic Psychology				

(Student Signature) (Date) (Advisor Signature) (Date) P.D. Initials

DO NOT WRITE BELOW THIS LINE: FOR PROGRAM USE ONLY

All Probes Passed: _____ Comprehensive Exam Passed: _____ Annual Practica Summaries: _____
Dissertation Proposal Date: _____ Dissertation Defense Date: _____ Date Library Receipt of Dissertation: _____
Internship Evaluations Received: _____
Program Director Approval: _____ Date: _____
Date Approved Transfers Submitted to Registrar: _____ Date Completed ADP Submitted to Registrar: _____

Notes: