Lynch School — PROGRAM OF STUDY / 2005

M.A. / Developmental and Educational Psychology

CLASS ENTERING 2005 — TO BE SUBMITTED BY END OF FIRST SEMESTER IN PROGRAM

NAME _____ PROGRAM COMPLETION DATE _____ (SEMESTER/YEAR)

BC ID _____ COMPREHENSIVE EXAMS DATE _____ (MONTH/YEAR)

COURSE NUMBER AND TITLE	CREDITS	SUMMER	FALL	SPRING	T/W*
One of the following ❒ PY 415 Adolescent Psychology ❒ PY 447 Applied Developmental Psychology: Emphasis on Adolescent	3				
One of the following ❒ PY 416 Child Psychology ❒ PY 418 Applied Developmental Psychology: Emphasis on Child	3				
PY 417 Adult Psychology	3				
One of the following ❒ PY 460 Interpretation and Evaluation of Educational Research ❒ PY 468 Introductory Statistics	3				
PY 617 Learning and Cognition	3				
One of the following ❒ PY 397 Social Issues and Social Policy ❒ PY 445 Clinical Child Psychology ❒ PY 549 Psychopathology ❒ PY 611 Learning and Development: Special Needs of Early Learners ❒ PY 620 Educational and Social Issues and Social Policy	3				
Electives _____ _____ _____ _____	12				
ED 888 Master's Comprehensive Examinations	0				
Total credits	30				

* Insert a T (transfer) or W (waiver) as appropriate. If seeking a transfer of credits, you must also fill out a "transfer request form" available online. If requesting a waiver, you must attach an official transcript to this form.

STUDENT SIGNATURE _____ DATE _____

APPROVAL

ADVISOR YES NO _____ (NAME) _____ (SIGNATURE)

DEPT CHAIR YES NO _____ (NAME) _____ (SIGNATURE)

5/05