

## M.A. / DEVELOPMENTAL AND EDUCATIONAL PSYCHOLOGY

CLASS ENTERING 2006

TO BE SUBMITTED DURING THE SECOND TERM OF ENROLLMENT IN THE PROGRAM,  
PRIOR TO THE OPENING OF REGISTRATION FOR THE THIRD TERM OF ENROLLMENT

NAME \_\_\_\_\_ ANTICIPATED COMPLETION DATE \_\_\_\_\_  
SEMESTER/YEAR

BC ID \_\_\_\_\_ COMPREHENSIVE EXAMS DATE \_\_\_\_\_  
MONTH/YEAR

COURSE NUMBER AND TITLE	CREDITS	SUMMER	FALL	SPRING	T/W*
<i>One of the following</i> <input type="checkbox"/> PY 415 Adolescent Psychology <input type="checkbox"/> PY 447 Applied Developmental Psychology: Emphasis on Adolescent	3				
<i>One of the following</i> <input type="checkbox"/> PY 416 Child Psychology <input type="checkbox"/> PY 418 Applied Developmental Psychology: Emphasis on Child	3				
PY 417 Adult Psychology	3				
<i>One of the following</i> <input type="checkbox"/> PY 460 Interpretation and Evaluation of Educational Research <input type="checkbox"/> PY 468 Introductory Statistics	3				
PY 617 Learning and Cognition	3				
<i>One of the following</i> <input type="checkbox"/> PY 397 Social Issues and Social Policy <input type="checkbox"/> PY 445 Clinical Child Psychology <input type="checkbox"/> PY 549 Psychopathology <input type="checkbox"/> PY 611 Learning and Development: Special Needs of Early Learners <input type="checkbox"/> PY 620 Educational and Social Issues and Social Policy	3				
Electives _____ _____ _____ _____	12				
ED 888 Masters Comprehensive Exam	0				
<b>Total credits</b>	<b>30</b>				

\* 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