

M.A. / Applied Developmental and Educational Psychology

CLASS ENTERING 2018

TO BE SUBMITTED DURING THE SECOND TERM OF ENROLLMENTS 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*
Core Course Requirements					
Take both of the following: APSY 7418 Applied Child Development APSY 7419 Applied Adolescent Development	3 3				
Take one of the following: APSY 7460 Interpretation and Evaluation of Research APSY 7468 Introductory Statistics APSY 7469 Intermediate Statistics** APSY 8851 Design of Qualitative Research**	3				
APSY 7617 Learning and Cognition	3				
APSY 7470 Advanced Practicum: Applied Psychology (Fall/Spring) <i>Students should take this course in Fall & Spring of the same academic year. Students unable to do so should speak to the program director.</i>	3				
Elective Courses 1) _____ 2) _____ 3) _____ 4) _____ 5) _____	15				
APSY 8100 Master's Comprehensive Exam*** <i>Each spring, students will present on their internship's program of focus to the faculty for evaluation. The internship is conducted as partial fulfillment of APSY 7470. The presentation will take place in a poster format accompanied by an annotated bibliography.</i>	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.

**Students may take this option if they previously completed an introductory statistics or research methods course in psychology or education.

***Students will be considered full-time during the semester they are registered for APSY 810001, Master's Comprehensive Exam.

Please note that certificates can be completed as part of this degree.

ARE YOU CURRENTLY ENROLLED IN A BOSTON COLLEGE CERTIFICATE OR SPECIALIZATION PROGRAM? YES NO

IF YES, PLEASE LIST THE PROGRAM: _____

STUDENT SIGNATURE _____

DATE _____

APPROVAL
ADVISOR YES NO _____
NAME

SIGNATURE

ASSOCIATE
DEAN OF YES NO _____
GRADUATE STUDIES NAME

SIGNATURE