

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 prosem required should be obtained prior to completion of this form. Please make sure it is attached to this form or in your file.

Personal Data

Name: _____

Address: _____

SSN: _____ Phone: _____

Email: _____

Program Information *(refer to graduate catalog)*

PSYC area: _____

Degree: Master of Arts
Master of Science
Specialist in Education

Signatures

Student Signature

Date

Graduate Program Chair

Date

Advisor

Date

Plan of Study:

First Priority – UNO Courses		Alternative - UNO Courses		Record		
Dept. and Course No.	Course Title	Dept. and Course No.	Course Title	Grade	Hours	Tentative Semester Taken
1)	Statistical Prosem					
2)	Group 1 Prosem					
3)	Group 2 Prosem					
	Area Courses and Electives					

University Name	Credit for Transfer Course # and Title	Grade	Quarter Hours	Semester Hours	Date Taken/To Be Taken

Total Program Hours _____