

DEPARTMENT OF PSYCHOLOGY

Student Academic Affairs

1343 East Hall 1043

CLINICAL AREA - APPROVAL OF CANDIDACY

STUDENT'S NAME

ADDRESS

STUDENT'S AREA

CITY

STATE

ZIP

UMID

ADVISOR

PHONE

E-MAIL

DEPARTMENTAL REQUIREMENTS

STATISTICS/COGNATE:

__988__
Stats I

GRADE

__614__
Stats. II

GRADE

AREA CORE COURSES:

__672__
Intro Interv & Clin Ethics

GRADE

__670__
Res Methods & Ethics

GRADE

__877/8__
Lifespan I or II Psychopath

GRADE

__776__
Prosem Clin Sci. in
Hist. & Cult. Context

GRADE

__609__
Psych Teaching Acad

GRADE

__778 and 775__
Assessment Labs

GRADES

__771__
Topics Clin Sci & Prac
(BB)

GRADE

__874 or 875__
Adult Therapy **OR**
Child Therapy theory

GRADE

__872 and 873__
Beginning pract

GRADES

BREADTH COURSES:

* ONE NEEDED for candidacy

__Bio Course Number__

GRADE

__Cognitive Course Number__

GRADE

__Affective Course Number__

GRADE

__Dev Course Number__

GRADE

__Social Course Number__

GRADE

619 RESEARCH PROJECT:

__Date Completed__

GRADE

____Approved ☐
1st READER (Please Print)

____Approved ☐
2nd READER (Please Print)

SIGNATURE OF GRAD CHAIR

DATE

SIGNATURE OF AREA CHAIR

DATE

This form is to be completed by the student, signed by the Area Chair and by the Departmental Graduate Chair. Once form is complete, and signed by the Area Chair, please give to Linda Anderson and she will return it to the Psychology Student Academic Affairs Office for the Grad Chair Signature.

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Clinical Area Prelims

Student name: _____

1. **619 Completion Statement**

☐ Check if completed and indicate date of completion _____

Faculty evaluation: _____

2. **Research Presentation at Brown Bag (statement with date of brown bag presentation)**

☐ Check if completed and indicate date of completion _____

Faculty Ratings: _____

3. **Submission of first authored manuscript for publication (copy of manuscript and name of publication outlet)**

☐ Check if completed and indicate date of completion _____

Faculty Evaluation: _____

4. **Copy of current CV** ☐ Check if included

5. **Copy of Assessment Evaluations**

6. **Copy of Practica evaluations**

Student name: _____

Overall evaluation (pass/not pass, comments):

SIGNATURE OF AREA ADVISOR DATE

SIGNATURE OF GRAD CHAIR DATE

SIGNATURE OF AREA CHAIR DATE

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