



**MA - COUNSELING AND
PSYCHOLOGY
PROPOSED PROGRAM OF STUDY**
HANDWRITTEN FORMS WILL NOT BE ACCEPTED

T # _____ **Degree:** _____ **Major:** _____

Name: _____ **Concentration:** _____

	Course Subject	Course Number	Course Description	Where Taken	Term Completed	Sem. Hrs. Credit	Grade
BACKGROUND COURSES CREDIT NOT COUNTED TOWARD DEGREE							
TRANSFER CREDIT							
COURSES TAKEN OR TO BE TAKEN AT TTU TO COUNT TOWARD DEGREE				TTU			
				TTU			
				TTU			
				TTU			
				TTU			
				TTU			
				TTU			
				TTU			
				TTU			
				TTU			
				TTU			
				TTU			
				TTU			
				TTU			
Total Semester Hours Credit to be Counted Toward Degree							
						FINAL GPA	
<p>Do you anticipate using Human Subjects in your research? YES _____ NO _____ If yes, IRB approval is required one semester prior to graduation. Contact your advisor for more information.</p>							

Total semester hours including thesis:
 7000 level _____ 6000 level _____ 5000 level _____

6 years expires end of _____ (term) _____ (year)

APPROVED ADVISORY COMMITTEE:

_____ Chairperson _____ Date
 _____ Member _____ Date
 _____ Member _____ Date
 _____ Member _____ Date

_____ Departmental Chairperson _____ Date
 _____ Dean of College _____ Date
 _____ College of Graduate Studies Designee _____ Date

ALL SIGNATURES VERIFY APPROVAL OF TOTAL FORM

NOTICE:

1. A graduate student shall be enrolled for at least one course appropriate to the degree objective during the term in which the degree is awarded.
2. Application for graduation must be submitted by deadline published in catalog and the online Academic Calendar.

**APPLICATION FOR ADMISSION TO CANDIDACY
AND APPOINTMENT OF M.A. ADVISORY COMMITTEE**

I certify that I have satisfactorily completed nine semester hours of graduate work and hereby apply for admission to candidacy and request that the following members of the Graduate Faculty serve on my Graduate Advisory Committee.

(Please **type** the names of the graduate faculty you wish to serve on your advisory committee in the blanks below. Please **do not** have the faculty sign their names on this page.)

_____, Chairperson

_____, Member

_____, Member

_____, Member

Student's Name _____ T # _____
(Type in name)

Student's Signature _____

For Graduate Studies Office Use Only.

Major Subject: _____

Date Admitted to Full Standing: _____

Graduate Credits Completed at TTU: _____ Other Universities: _____

Graduate Quality Point Average at TTU: _____ Other Universities: _____

GRE General Test Score --Verbal: _____ Quantitative: _____ Analytical: _____

Miller Analogies Test-- Raw Score: _____ Percentile: _____