**College of Education and Psychology** Master of Science in Clinical Psychology

**The University of Texas at Tyler**

**Graduate Degree Plan**

Student Name:                   Student ID: 5000-

(Last) (First) (Middle)

Address:       Telephone: (    )     -      (Street or P.O. Box)

                  Employment:

(City) (State) (Zipcode)

Degree Held:       Major:       School:       Date:

Date of first graduate             Last Semester:

work applied to degree: (Semester) (Year) (Same Semester) (Year + 6)

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| **Prefix & Course No** | | **Course Title** | | | | | | **School** | **Credit Hrs** | **Grade** |
|  |  |  |  |  |  |  |  |  |  |  |
| PSYC 5308 | | Advanced Psychopathology | | | | | | UTT | 3 |  |
| PSYC 5312 | | Counseling Theories | | | | | | UTT | 3 |  |
| PSYC 5328 | | Issues and Professional Ethics | | | | | | UTT | 3 |  |
| PSYC 5340 | | Advanced Psychological Statistics and Design | | | | | | UTT | 3 |  |
| PSYC 5354 | | Psychopharmacology | | | | | | UTT | 3 |  |
| PSYC 5384 | | Cognitive Behavioral Therapy | | | | | | UTT | 3 |  |
| PSYC 5366 | | Assessment of Individual Mental Ability I | | | | | | UTT | 3 |  |
| PSYC 5368 | | Assessment of Personality | | | | | | UTT | 3 |  |
| PSYC 5392 | | Applied Counseling Practice | | | | | | UTT | 3 |  |
| PSYC 5393 | | Applied Therapy | | | | | | UTT | 3 |  |
| PSYC 5396 | | Supervised Practicum in Psychology | | | | | | UTT | 3 |  |
| PSYC 5397 | | Supervised Practicum in Psychology | | | | | | UTT | 3 |  |
| PSYC 5398 | | Research Seminar | | | | | | UTT | 3 |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | | Elective: |  |  |  |  |  | UTT | 3 |  |
|  | | Elective: |  |  |  |  |  | UTT | 3 |  |
|  | | Elective: |  |  |  |  |  | UTT | 3 |  |
|  | | Elective: |  |  |  |  |  | UTT | 3 |  |
|  | | Elective: |  |  |  |  |  | UTT | 3 |  |
|  | | Elective: |  |  |  |  |  | UTT | 3 |  |
|  | | Elective: |  |  |  |  |  | UTT | 3 |  |

**Special Requirements and/or Deficiencies** **Degree Plan Tentatively Approved:**

|  |  |
| --- | --- |
|  |  |
| (Student) (Date) |
| (Advisor) (Date)  **Degree Plan Officially Approved:**  (Coordinator of Graduate Studies) (Date) |