PETITION FOR CANDIDACY **rev. Nov. 2009**

For Master's, Specialist's, DPT and PhD degrees

University of Central Arkansas, 201 Donaghey Ave, TORW 328, Conway AR 72035

Complete and sign this application, secure the signature of advisor and department chair, and present to the Graduate School. This form is to be filed prior to or during the semester of completing one-half of your required coursework. **MUST BE TYPED.**

Name _____ UCA ID # _____

_____ _____ ____ ____

Current Street Address City State Zip

Telephone _____ Email _____

Degree: DPT ○ EDS ○ MA ○ MAcc ○ MAT ○ MBA ○ MFA ○ MGIS ○ MM ○ MS ○ MSE ○ MSN ○ PhD ○

Program School Psychology

GRE scores: Verbal ____ Quantitative ____ Analytical Writing ____ GMAT total score ____

Thesis/Dissertation Title _____

Chair of Thesis/Dissertation Committee _____

Prospectus/Research Plan Approved: Yes ○ No ○

Approval Signatures for Candidacy and Program of Study

_____

Student's Signature Date

_____

Advisor's Signature Date

_____

Chair's Signature Date

Comments _____

_____

Office Use Only

Admitted to Candidacy Yes ○ No ○

For _____ Degree Date____/_____/_____

Comprehensive Exam Pass ○ Fail ○

Date____/_____/_____

Thesis/Dissertation Yes ○ No ○

Date____/_____/_____

_____

Graduate Dean's Signature

When completing your program of study, please **note the following important items**:

- Do NOT list any undergraduate hours, even if you are taking them
- Include ONLY the course work required for completion of your degree, no "extra classes" should be listed
- If any substitutions are made for required courses (***as published in the Graduate Bulletin***), you must indicate which class the substitution is being made for in the SUBSTITUTE column.

PROGRAM OF STUDY

Type a complete list of courses, credit hours and special conditions offered in candidacy for the Master's, Specialist's, Doctor of Philosophy, and Doctor of Physical Therapy degree. Degree requirements vary in each program; consult with your advisor. Approved transfer courses and dates taken must be listed. **Changes in this program of study must have prior approval** from your advisor, department chairperson, **and graduate dean** before enrolling in the course. This prior approval includes transfer courses which must NOT be taken as workshops, correspondence or extension. The **Change of Petition** form is available on the Graduate School website. The total program for a degree must be completed within a period of six years, with the exception of PhD's which are permitted ten years. Approximate dates to apply for graduation are September 15th for December, February 3rd for May, and June 10th for August.

Minimum required hours to complete ŘŜȴ ℕŜŜ 45 Does this program meet the residency requirement: Yes ◉ No ○

Office Only	Substitute for (if applicable)	Course Prefix	Course No	Course Title	Hrs	Term
		PSYC	6375	Professional School Psychology	3	Fall
		PSYC	6354	Theories of Psychotherapy and Counseling	3	Fall
		PSYC	6330	Advanced Psychological Statistics	3	Fall
		PSYC	6370	Advanced Developmental Psychology	3	Fall
		PSYC	6314	Psychopathology	3	Spring
		PSYC	6331	Research Design	3	Spring
		PSYC	6373	Individual and Organizational Consultation	3	Spring
		PSYC	6313	Psycho-educational Assessment I	3	Spring
		PSYC	6335	Identification and Remediation of Learning Problems	3	Summer
		PSYC	6393	Marriage & Family Therapy	3	Summer
		PSYC	6398	Legal and Ethical Issues in Psychology and Counseling	3	Summer
		PSYC	6332	School Psychology Practicum I	3	Fall
		PSYC	6315	Applied Behavior Analysis	3	Fall
		PSYC	8305	Psycho-educational Intervention I	3	Fall
		PSYC	6360	Organization and Operations of Schools	3	Fall
		PSYC	7141	Doctoral Research Seminar in School Psychology	3	Fall

TRANSFER COURSES: Grade must be an "A" or "B". Coursework cannot be workshops, correspondence or extension.

Equiv. UCA Dept	Equiv. UCA Crse#	Transfer Dept prefix	Transfer Course No.	Transfer Institution's Course Title	Transfer Institution Name	Hrs	Term

CONTINUED (PROGRAM OF STUDY, PAGE 2)

Office Only	Substitute for, If applicable	Course Prefix	Course No	Course Title	Hrs	Term