Metropolitan State University

COLLEGE *of* PROFESSIONAL STUDIES
Master of Arts in Psychology Program

GRADUATE STUDY PLAN (GSP)

Date:_____

This is a working document subject to revision as work on your degree progresses. If attending full-time, a copy of this completed form should be submitted to the Psychology Department before the end of the student's second semester at Metropolitan State University.

Name: _____ SID#(student ID#)_____

Phone #_____ Email:_____

Mailing Address _____

_____

CREDITS TO BE INCLUDED IN DEGREE PROGRAM

METROPOLITAN STATE UNIVERSITY credits (coursework, practicum, and thesis)
600-level *(including all SDIS, thesis and practicum credits)*:

Semester	**Course** **Dept. & No.**	**Title**	**# Credits**

Name_____

500 level:

Semester	**Course** **Dept. & No.**	**Title**	**# Credits**

TRANSFER COURSES: Graduate degree credit will be transferable from any accredited institution for courses where the student has received a grade of B or better with the following stipulations: up to 9 credits may be transferred. All transfer credits must have been taken within the appropriate time limit for the degree.

Date taken	**Course** **Dept. & No.**	**Title**	**# Credits**	**Where taken**

MINIMUM CREDITS REQUIRED FOR DEGREE PROGRAM = 36
YOUR TOTAL PROGRAM CREDITS: 600 level _____
500 level _____
Total _____

Signatures:

Student's Signature	Date:
Advisor's Signature	Date:
Master of Arts in Psychology Program Coordinator's Signature	Date:

Return Original to the Psychology Department.
08/03