

APPROVED DEGREE PROGRAM

Doctor of Psychology (Psy.D.)



2011 Fall Cohort
 [125 credit hours-Psy.D.]
 [80 hours apply to M.A.]

School of Psychology & Counseling

Name: _____ Regent Student ID: _____

Semester Entering Program: 2011 Fall Total Transfer Hours: _____ Total Hours Waived: _____

Total Required Hours for Psy.D.* _____ Total Required Hours for M.A.* _____

COURSE #	Course name	Credit Hours	Planned Semester	Sequence	Transfer	Waiver	Courses Actual Year & Semester
PSY 600	Clinical Psychology	3	2011 Fall	1			
PSY 621	Clinical Interviewing	2	2011 Fall	1			
PSY 638	Psychopathology	3	2011 Fall	1			
PSY 725	Intelligence Testing & Psychometrics	4	2011 Fall	1			
PSY 627	Psychotherapies I	3	2012 Spring	2			
PSY 661	Ethics, Professional Orientation, & Legal Issues	3	2012 Spring	2			
PSY 714	Statistics	3	2012 Spring	2			
PSY 726	Personality Assessment & Psychometrics	3	2012 Spring	2			
PSY 626	Personality Theory	3	2012 Summer	3			
PSY 670	Multicultural Psychology	3	2012 Summer	3			
PSY 777	Survey of Christianity	3	2012 Summer	3			
PSY 617	Research Design	3	2012 Fall	4			
PSY 715	Biological Bases of Behavior	3	2012 Fall	4			
PSY 732	Clinical Assessment & Treatment Planning	2	2012 Fall	4			
PSY 733	Clinical Practica	2	2012 Fall	4			
PSY 779	Applied & Clinical Integration	3	2012 Fall	4			
PSY 628	Psychotherapies II	3	2013 Spring	5			
PSY 640	Lifespan Psychology	3	2013 Spring	5			
PSY 734	Clinical Practica	2	2013 Spring	5			
PSY 778	Spiritual Direction	3	2013 Spring	5			
Elective PSY ___		3	2013 Summer	6			
PSY 735	Clinical Practica	2	2013 Summer	6			
PSY 776	Psychology of Religion	3	2013 Summer	6			
PSY 647	Family Therapy	3	2013 Fall	7			
PSY 662	Community Psychology	3	2013 Fall	7			
PSY 700	Dissertation Methodology	1	2013 Fall	7			
PSY 717	Social Psychology	3	2013 Fall	7			
PSY 736	Clinical Practica	2	2013 Fall	7			
PSY 614	Clinical Child & Pediatric Psychology	3	2014 Spring	8			
PSY 716	Affect, Cognition & Motivation	3	2014 Spring	8			
PSY 718	Dissertation Proposal	1	2014 Spring	8			
PSY 737	Clinical Practica	2	2014 Spring	8			
Elective PSY ___		3	2014 Spring	8			
Elective PSY ___		3	2014 Summer	9			
PSY 712	Hermeneutics	2	2014 Summer	9			
PSY 738	Clinical Practica	2	2014 Summer	9			

COURSE #	Course name	Credit Hours	Planned Semester	Sequence	Transfer	Waiver	Courses Actual Year & Semester
Elective PSY ___		3	2014 Fall	10			
PSY 763	Supervision & Consultation	3	2014 Fall	10			
PSY701	Dissertation	3	2014 Fall	10			
PSY 728	Advanced Assessment	2	2014 Fall	10			
PSY 739	Advanced Practica	1	2014 Fall	10			
PSY 702	Dissertation	3	2015 Spring	11			
Elective PSY ___		3	2015 Spring	11			
PSY 741	Advanced Practica	1	2015 Spring	11			
PSY 723	History & Systems of Psychology	3	2015 Spring	11			
PSY 703	Dissertation	3	2015 Summer	12			
PSY 780	Integration Capstone	1	2015 Summer	12			
PSY 801	Clinical Internship	1	2015 Fall	13			
PSY 802	Clinical Internship	1	2016 Spring	14			
PSY 803	Clinical Internship	1	2016 Summer	15			
	e.g. Dissertation Continuation PSY704 would be added here, etc						

Tentative M.A. Completion Date: May, 2014 (Sem/Yr)

Tentative Psy.D. Completion Date: August, 2016 (Sem/Yr)

Total Hours Obtained: _____ Semester/Year: _____

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Please see the PROGRAM HANDBOOK for all ADP policies, procedures, and requirements.

Students revise their ADP's each time their actual courses differs from their planned courses and submit it to their advisor for signature and then to the Psy.D. office either on paper or electronically with signatures. Please do not take courses off your ADP without advisor signature & Program Director initials.

Please know your Financial Aid can be affected if you take courses outside of your ADP; seek counsel from your financial aid advisor.

Specialty Focus Plan (Students who complete specialty focus receive a certification of focus in specialty area from program. Specialty foci are not additional degrees. Consult with track leaders regarding expectations)

Specialty Focus	Focus Courses	Research Team	Dissertation Topic in Area	Focus Mentor signature & date
<input type="checkbox"/> Clinical Child <input type="checkbox"/> Marriage & Family <input type="checkbox"/> Health Psychology <input type="checkbox"/> Consulting Psychology <input type="checkbox"/> Forensic Psychology				

(Student Signature)

(Date)

(Advisor Signature)

(Date)

Director Initials/Date

DO NOT WRITE BELOW THIS LINE: FOR PROGRAM USE ONLY

All Probes Passed: _____ Comprehensive Exam Passed: _____

Dissertation Proposal: _____ Dissertation Defense: _____ Library Receipt of Dissertation: _____

Program Director Approval: _____ Date: _____

Date Approved Transfers Submitted to Registrar: _____ Date Completed ADP Submitted to Registrar: _____