Student Educational Plan (SEP) Review/Update Form

Instructions: This form must be completed anytime the Student Educational Plan (SEP) is required to be reviewed (e.g., PSY 600, Annual Review) or when changes are made.

Student is to meet with their assigned PsyD Faculty Mentor to review SEP and update if needed. This form should be completed at that meeting and then provided to the student for submission to the Program Director for review.

Completed by Student:		
Student Name:		
Banner ID:		
Date of Meeting:		
Completed by Faculty Mentor:		
I certify that I met with the above student a changes and have locked it in Degree Worl make changes to this plan and if changes as so I may make them and obtain a new vers	ks. The student hare needed they mu	s been advised that they are not to
As this time the student (check all that app	ly):	
Student is on normal progression, no	changes needed	
Student is on a 6 year plan (newly or *Student is required to meet with DCT to dis	•	
Changes from previous plan of progre	ession were made	, SEP now reflects new progression.
Explain general factors which led to chang personal factors, obtain add'l hours, etc):	e (e.g., transfer cr	redit, failure to pass requirement,
Faculty Mentor (Name and Signature)	Date	DCT Approval (if required)
Completed by Program Director		
Concur		
Non-concur. Action Needed:		
PD (Signature) Date		