

Qualifying Examination Checklist

Name _____

Proposed Date of Exam: _____

A student planning to take quals fills in the blanks with appropriate courses and submits this form to the Experimental Division Director who will check official records for items completed.

Department Core:

_____ Psy 5380 Experimental Design
_____ Psy 5347 Advanced Correlational Methods & Factor Analysis
_____ _____ (Advanced Statistics)
_____ _____ (Cognitive)
_____ _____ (Developmental)
_____ _____ (Biological)
_____ _____ (Social)

Specialization:

Experimental Division Electives:

_____ Psy _____
_____ Psy _____
_____ Psy _____
_____ Psy _____

Free Electives

Dissertation Committee: _____

Advisor's Signature _____

_____ Degree Program Updated _____ Second Year Project Filed _____ Research: 7000: 18 hr. min