

Graduate Psychology Program
 Permission for Change of Program, or
 Changes Within the MA Psychology Program



Use this form to: 1) Transfer into or out of the Clinical program; 2) Transfer into or out of the Individualized program;
 3) Change Specialization; or 4) Change One-Day-A-Week Cohort membership.

Instructions: 1) Complete this form in full. 2) Submit completed form for signature(s) to appropriate Faculty, designated below.
 3) Return signed form to the Registrar's Office.

Print Student's Name _____ ID # _____ Phone _____

Print Faculty Advisor _____ Anticipated Completion Date (ACD) _____

Change Of Program

From Clinical/General Practice (MFT) to Individualized (IC)* From Individualized (IC) to Clinical/General Practice (MFT)

*** Form J must be completed for MPIC by the time of Candidacy.**

Note: This change will become official when recorded during break between quarters.

Change Of Specialization

From:

- Clinical/General Practice (MFT)
- Child Studies
- Applied Community Psychology
- LGBT
- SDP
- Trauma Psychology

To:

- Clinical/General Practice (MFT)
- Child Studies
- Applied Community Psychology
- LGBT
- SDP
- Trauma Psychology

One-Day-A-Week Cohort

I wish to transfer out of my _____ One-Day-A-Week Cohort.

I wish to enter the (write in the cohort group name) _____ One-Day-A-Week Cohort.
 (Requires signature of Grant Elliott or Joy Turek in place of faculty advisor below).

Student Signature _____ **Date** _____

Note: Student must obtain designated advisors' signatures:

-Faculty Advisor Signature _____ <i>(for all changes)</i>	Date _____
-MPIC Advisor _____ <i>(Theodore Burnes, for MP Individualized Concentration changes only)</i>	Date _____
-Child Studies Director _____ <i>(George Bermudez, for Child Studies changes only)</i>	Date _____
-Applied Community Psychology Director _____ <i>(Sylvie Taylor, for Applied Community Psychology changes only)</i>	Date _____
-LGBT Psychology Director _____ <i>(Douglas Sadowick, for LGBT Psychology changes only)</i>	Date _____
-Spiritual and Depth Psychology _____ <i>(Matt Silverstein, for Spiritual and Depth Psychology changes only)</i>	Date _____
-Trauma Psychology _____ <i>(Erica Holmes, for Trauma Psychology changes only)</i>	Date _____

Registrar's Office Use Only:

Records Changed: _____ Date _____ Data Coordinator: _____ Date _____
Rev 09/15 Initials Date Initials Date