

Department of Psychology - Graduate Programs
 Exemption from Departmental or Program Requirement
 (complete a separate form for each requirement for which exemption is sought)

1. Student Name: _____ Student ID _____

2. Program (check one): Clinical CaBS Industrial/Organizational Appl. Behavior Analysis

3. Requirement to be exempted (check one and provide requested information):

Departmental or Program Required Course (number and title) _____

MS Thesis

4. Reason for exemption (check one and give requested information):

A. Completion of the following comparable coursework (must be accompanied by an official transcript showing final grade for the course(s)):

Course No.	Course Title	Program	Institution	Term/Year	Credit Hours	Grade

B. Completion of the following thesis, which conforms with the program's standards (must be accompanied by an official transcript documenting thesis completion and master's degree conferred):

Thesis Title	Degree	Program	Institution	Month/Year degree conferred

C. Other (explain):

Approval Signatures:	Date Signed
_____ , faculty member who normally teaches exempted course	_____
_____ , Major Professor	_____
_____ , Program Director	_____
_____ , Department Chair	_____