

Registration Planning Form

Student Name: _____ Date: _____

For the upcoming semester, please list all courses and special projects for which you hope to register. Be sure to include your plans to register for:

- (1) Standard PSCL courses
- (2) CBT courses (1 credit practicum and 2 credit seminar)
- (3) Clinical field placement during years 2, 3, and 4 (0 credits)
- (4) Master's thesis (PSCL 651) or dissertation research (PSCL 701)
- (5) Optional elective fellowship courses from outside PSCL
- (6) Optional mini-course (PSCL 451 or PSCL 453) that will be offered

# Credits	Course Number	Course Title	Instructor
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

As of today, I have already registered for _____ credits of PSCL 651 / PSCL 701

Approved by Primary Clinical Advisor: _____ Date: _____

Approved by Director of Clinical Training: _____ Date: _____

When signed by your advisor, submit to Kori to obtain DCT approval and lift the hold on registration. If any changes are made to the plan for next semester, a new form and new signatures will be needed.