

Student Name: _____ ID # _____

Advisor Name: _____ Anticipated Graduation Date: _____

**CERTIFICATE IN APPLIED PSYCHOLOGY
PROFESSIONAL PROGRAM CHECKLIST (21 s.h.)
2024-25 Academic Calendar**

Program Requirements (21 s.h.)

✓	COURSE	S.H.	NOTES	✓	COURSE	S.H.	NOTES
	PSYC 215	3			PSYC 305	3	
	PSYC 207	3			PSYC 322	3	
	PSYC 254	3			PSYC 340	3	
	PSYC 301	3					

NOTES:

- PSYC 105 or 106 is a prerequisite to the program; PSYC 106 will be offered concurrently with PSYC 215.
- In order to have your academic records reviewed and receive a conferral date for your certificate, please submit a [Notice of Program Completion form](#) to the Office of the Registrar. Once the form has been submitted, a certificate audit will be completed for you. If the audit shows that all program requirements are completed, a conferral date for your certificate will be added to your transcript.

THIS CHECKLIST IS INTENDED TO ASSIST STUDENTS AND ADVISORS IN ENSURING THAT ALL REQUIREMENTS ARE MET. IT IS THE RESPONSIBILITY OF THE **STUDENT** TO MEET ALL REQUIREMENTS.