REGISTRATION FORM: MA - SCHOOL PSYCHOLOGY PROGRAM

(Regular Session 20___ – 20___ / Summer Session 20___ – 20___)

Name (print): _____ Student Number: _____

Email: _____ Area: _____

Street Address: _____

City: _____ Postal Code: _____

Home Phone: _____ Business Phone: _____

Full-Time: _____ Part-Time: _____

Note: Students may not retain the status of full-time while employed full-time without prior permission of the Dean of the Faculty of Graduate Studies and recommendation from the major department. Students registering for part-time must complete a Request for Part-Time Status form and submit it to the Psychology Graduate Office (form link: http://umanitoba.ca/faculties/graduate_studies/forms/index.html

PLANNING GUIDE

Course Requirements Year 1	Completed	Registering	Course Requirements Year 2	Completed	Registering
Psyc 7010 Ethics/History/Prof			Psyc 7060 Senior Practicum		
Psyc 7020 Assesmnt/Measure			Psyc 7090 BehavAssesmnt/Interv		
Psyc 7030 Learg/Cogn Impairmt			Psyc 7100 Interv Early Years		
Psyc 7040 Teachg Strategies			Psyc 7110 Interv Adolescent		
Psyc 7050 Junior Practicum			Psyc 7120 Consult/Supervention		
Psyc 7070 Soc/Emo/Pers Assmt			Psyc 7130 School Res Design		
Psyc 7080 Child/Youth Psycpthy			Elective 1		
Educ 7740 Family/Sch/Edu Sys			Elective 2		
			Educ 7710 Dev Learng Enviro		

REGISTRATION INFORMATION

Course No.	Aurora Course Registration Number (CRN)	Course Name	Lecture Section	Term Fall/ Winter/ Summer	Credit Hours	Course Class.

SIGNATURES:

Student: _____ Date: _____

Associate Head (Graduate) or designate: _____ Date: _____