REGISTRATION FORM: PHD - CLINICAL PSYCHOLOGY PROGRAM
(Regular Session 20___ - 20___ / Summer Session 20___ - 20___)

Name (print): _____ Student Number: _____

Email: _____

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. Psychology students who have handed their PhD thesis into the Faculty of Graduate Studies for distribution to committee members must register as part-time. Students registering for part-time must complete a **Request for Part-time Status** form available at http://umanitoba.ca/faculties/graduate_studies/forms/index.html*

PLANNING GUIDE

Course Requirements Year 3	Completed (check)	Registering (check)	Course Requirements Year 4/5/6	Completed (check)	Registering (check)
Psyc 7280 History and Systems			Psyc 8090 Clin Supervision in Psyc (Year 4)		
Either Psyc 7190 Social Psyc or Psyc 7192 Psyc of Health or Psyc 7620 Person X Situation			Optional Clinical Course 1 (Year 4)		
Psyc 8080 Case Concept/Comm 3			Optional Clinical Course 2 (Year 4)		
Psyc 8100 Intervention 3			Optional Senior Practica (Year 4)		
Psyc 8100 Prog Eval/Consult			Optional Senior Practica (Year 5)		
Psyc 7930 PSC Practicum 3			Psyc 7980 Internship (Year 6)		
Psyc 7940 Senior Practicum 4			Grad 8000 Thesis (Year 6)		
Psyc 7790 PhD Thesis Proposal Development					
Grad 8010 Candidacy Exam*					
Optional Senior Practica					

*Students should register for Grad 8010 during the summer of their 3rd year of PhD study (by completing a registration revision form).
Students should schedule their PhD proposal for the summer of their 4th year of study.
Students should commence data collection for their PhD thesis during the summer of their 5th year of study (strongly recommended)

REGISTRATION INFORMATION

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

SIGNATURES:

Student: _____ Date: _____

Advisor _____ Date: _____

Director of Clinical Training (as required) _____ Date: _____

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