



**REGISTRATION FORM: MA - SCHOOL PSYCHOLOGY PROGRAM**  
**2 YEAR COMPREHENSIVE EXAM BASED STREAM**  
 Regular Session 20\_\_ – 20\_\_ & Summer Session 20\_\_

Name (print): \_\_\_\_\_ Student Number: \_\_\_\_\_

U of M Email: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Preferred Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Full-Time:  Part-Time:

**PLANNING GUIDE**

Course Requirements Year 1	Completed (√)	Registering current year (√)	Course Requirements Year 2	Completed (√)	Registering current year (√)
PSYC 7012 Ethic, History, and Profession of School Psychology 1			PSYC 7060 Senior Practicum in School Psychology		
EDUA 5012 Legal and Administrative Aspects of School for Clinicians			PSYC 7090 Behavioural Assessment and Intervention in School Settings		
PSYC 7022 Psycho-Educational Assessment and Measurement 1			PSYC 7120 Consultation and Supervision		
PSYC 7024 Psycho-Educational Assessment and Measurement 2			PSYC 7130 School Psychology Research Design and Program Evaluation		
PSYC 7030 Learning and Cognitive Impairment			PSYC 7820 Interventions I		
PSYC 7040 Teaching Strategies, Learning Styles and Academic Remediation			PSYC 7830 Interventions II		
PSYC 7050 Junior Practicum in School Psychology			Elective 1 **		
PSYC 7070 Social, Emotional, and Personality Assessment of Children/Youth			Elective 2 **		
PSYC 7080 Child/Youth Psychopathology			EDUA 7710 Development in Learning Environments		
EDUA 7712 Working with Family, School and Community Systems			GRAD 7010 Comprehensive Exam		
GRAD 7300 Research Integrity Tutorial & GRAD 7500 Academic Integrity Tutorial			<i>** Electives must be approved by area Chair</i>		

**REGISTRATION INFORMATION CURRENT ACADEMIC YEAR**

Course No.	Aurora CRN	Course Name	Term F/W/S	Credit Hours	Course Class *
					S
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					S
					S
					S
					S

\*Course Classification – S Standard or AuXillary or Occasional or Audit

**SIGNATURES:**

Student: \_\_\_\_\_ Date: \_\_\_\_\_

\*\* Area Chair: \_\_\_\_\_ (year 2 only re: electives) Date: \_\_\_\_\_

Associate Head (Graduate) or designate: \_\_\_\_\_ Date: \_\_\_\_\_

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