

# Graduate Psychology Program



## Permission for Change of Program, or Changes Within the MA Psychology Program

Use this form to: 1) Transfer into or out of the Clinical program; 2) Transfer into or out of the Individualized program; 3) Change Concentration/Specialization; or 4) Change One-Day-A-Week group membership.

- Instructions:**
- 1) Complete this form in full.
  - 2) Submit completed form for signature(s) to appropriate Faculty, designated below.
  - 3) Return signed form to the Registrar's Office.

Print Student's Name \_\_\_\_\_ ID# \_\_\_\_\_ Phone \_\_\_\_\_

Print Faculty Advisor \_\_\_\_\_ Anticipated Completion Date (ACD) \_\_\_\_\_

### Change Of Program

From Clinical (MFT) to Individualized (IC)\*  From Individualized (IC) to Clinical (MFT)

*Note: This change will become official when recorded during break between quarters.*

### Change Of Concentration

<b>From:</b>	<b>To:</b>
<input type="checkbox"/> Clinical (MFT)	<input type="checkbox"/> Clinical (MFT)
<input type="checkbox"/> Dual Concentration	<input type="checkbox"/> Dual Concentration *
<input type="checkbox"/> Child Studies	<input type="checkbox"/> Child Studies
<input type="checkbox"/> Applied Community Psychology	<input type="checkbox"/> Applied Community Psychology
<input type="checkbox"/> LGBT	<input type="checkbox"/> LGBT
<input type="checkbox"/> SDP	<input type="checkbox"/> SDP
<input type="checkbox"/> Trauma Psychology	<input type="checkbox"/> Trauma Psychology

**\* Form J must be completed for IC & Dual Concentration by the time of Candidacy**

### One-Day-A-Week/Weekend Cohort

I wish to transfer out of my \_\_\_\_\_ One-Day-A-Week/Weekend cohort/group.

I wish to enter the (write in the cohort group name) \_\_\_\_\_ One-Day-A-Week/Weekend group  
(Requires signature of Grant Elliott or Joy Turek in place of faculty advisor below).

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

#### Note: Student must obtain designated advisors' signatures:

-Faculty Advisor Signature _____ <i>(for all changes)</i>	Date _____
-IC Advisor _____ <i>(Gregor Sarkisian, for Individualized Concentration changes only)</i>	Date _____
-Child Studies Director _____ <i>(George Bermudez, for Child Studies changes only)</i>	Date _____
-Applied Community Psychology Director _____ <i>(Sylvie Taylor, for Applied Community Psychology changes only)</i>	Date _____
-LGBT Psychology Director _____ <i>(Douglas Sadowick, for LGBT Psychology changes only)</i>	Date _____
-Spiritual and Depth Psychology _____ <i>(Matt Silverstein, for Spiritual and Depth Psychology changes only)</i>	Date _____
-Trauma Psychology _____ <i>(Daniel Bruzzone, for Trauma Psychology changes only)</i>	Date _____

#### Registrar's Office Use Only:

Records Changed: _____	Data Coordinator: _____
Initials _____ Date _____	Initials _____ Date _____