

DEPARTMENT OF PSYCHOLOGY
Request for Approval of Greater than 9 Credits

TO: CAS Graduate School

STUDENT

Name:	
USF ID:	
Area of Concentration:	

ADVISOR

Name:	
Email:	

SELECT ONE:

- 1st or 2nd year Clinical student APA required curriculum
- 1st year IO and CNS student methods requirement (two 3 credit courses and a 4 credit methods course)
- Other requests over 9 hours (Full justification from the student and advisor required)

If **Other requests over 9 hours** is selected, provide justification for each of the courses you are currently enrolled in for the _____ YEAR _____ semester at the University of South Florida.

SIGNATURES REQUIRED:

Printed Name Student's Signature Date

Printed Name Advisor's Signature Date