Department of Psychology - Graduate Programs
Exemption from Departmental or Program Requirement
(complete a separate form for each requirement for which exemption is sought)

1. Student Name: ___________________________ Student ID _______________________

2. Program (check one): ___ Clinical   ___ CaBS   ___ Industrial/Organizational   ___ Appl. Behavior Analysis

3. Requirement to be exempted (check one and provide requested information):
   ___ Departmental or Program Required Course (number and title)
   ___ MS Thesis

4. Reason for exemption (check one and give requested information):
   ___ A. Completion of the following comparable coursework (must be accompanied by an official transcript showing final grade for the course(s)):

<table>
<thead>
<tr>
<th>Course No.</th>
<th>Course Title</th>
<th>Program</th>
<th>Institution</th>
<th>Term/Year</th>
<th>Credit Hours</th>
<th>Grade</th>
</tr>
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</table>

   ___ B. Completion of the following thesis, which conforms with the program's standards (must be accompanied by an official transcript documenting thesis completion and master’s degree conferred):

<table>
<thead>
<tr>
<th>Thesis Title</th>
<th>Degree</th>
<th>Program</th>
<th>Institution</th>
<th>Month/Year degree conferred</th>
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   ___ C. Other (explain):

Approval Signatures: ___________________________, faculty member who normally teaches exempted course
   _________

__________________________, Major Professor
   _________

__________________________, Program Director
   _________

__________________________, Department Chair
   __________________

Date
Signed

C:/forms/exemption.frm - 8/09