

Advancement to Candidacy Form for Masters' or Specialists' Degree Programs College of Graduate Studies • Office of the Dean • Middle Tennessee State University

Official Use Only
Input on SIS _____

1. A copy of your candidacy form should be submitted to the College of Graduate Studies according to your program's curricular requirements.
2. Please list course number & department, course title, and semester hours of credit as indicated below.
3. Secure the signatures of the appropriate persons and submit the signed form to the College of Graduate Studies (Sam H. Ingram Building, 2269 Middle Tennessee Blvd).

Name: _____ Student Identification # _____ Date: _____

Address: _____ Telephone # _____

Degree: MA Major: Psychology Concentration: Industrial/Organizational

If applicable: Minor: _____ Specialization: _____

Course ID # (including Prefix)	Course Title	Sem. Hours	Grade	IF APPLICABLE: <i>Transfer Credit Taken Prior to Attending MTSU Transfer Institution</i>	Substitute for MTSU Course#	Dept. Approval for Transfer Credit
	Prerequisites (if any)					
	Degree Program (31 hours)					
PSY 6070	Advanced I/O Training and Development	3				
PSY 6085	Pre-Practicum: Industrial/Organizational Psychology	1				
PSY 6090	Practicum: Industrial/Organizational Psychology	3				
PSY 6280	Intermediate Statistics for Behavioral Sciences	3				
PSY 6290	Advanced Statistics for Behavioral Sciences	3				
PSY 6300	Literature Review in Psychology: I/O	2				
PSY 6320	Performance Appraisal and Job Analysis	3				
PSY 6330	Professional Issues in I/O Psychology	1				
PSY 6420	Advanced Personnel Selection and Placement	3				
PSY 6450	Advanced Organizational Psychology	3				
PSY 6570	Psy. Research Methods in Human Resource Mgt.	3				
PSY 6640	Thesis	3				
	Electives (12 hrs required)					

Signature of Candidate Date: _____

If Applicable:

I certify the above degree plan _____ Date: _____
Signature of Graduate Advisor

Signature of Minor Advisor Date: _____

This individual holds a professional license, or licensure requirements will be met by the above courses, if applicable.

Signature of Teacher Licensing Analyst Date _____

MST & MAT Students, only:

Signature of Chair of
Educational Leadership Department or
Elementary Education Department Date: _____

Signature of Dean, College of Graduate Studies or Graduate Analyst Date _____