**REGISTRATION FORM:**  
**PHD PROGRAM IN PSYCHOLOGY**  
(Areas other than Clinical and School)  
(Regular Session 20___ – 20___ / Summer Session 20___)

Revised: April 2015

Name (print): ___________________________________________  
Student Number: ______________________________

U of M Email: _________________________________________  
Area: _____________________________________________________________________

Street Address: ____________________________________________  
Postal Code: _____________________________________________________________________

City: ____________________________________________  
Preferred Phone: _____________________________   
Alternate Phone: ___________________

Full-Time: [ ]  
Part-Time: [ ]

Note: Students may not retain the status of full-time while employed full-time without prior permission of the Dean of the Faculty of Graduate Studies and recommendation from the major department. Psychology students who have handed their PhD thesis into the Faculty of Graduate Studies for distribution to committee members must register as part-time. Students registering for part-time must complete a Request for Part-Time Status form and submit it to the Psychology Graduate Office (form link:  
http://umanitoba.ca/faculties/graduate_studies/forms/index.html

Expected Graduation Date:  
FEB [ ] MAY [ ] OCT [ ] YEAR 20___

(only to be completed by students in their graduating year)

---

**PLANNING GUIDE**

<table>
<thead>
<tr>
<th>Course Requirements</th>
<th>Completed</th>
<th>Registering</th>
</tr>
</thead>
<tbody>
<tr>
<td>Two half-courses from the defined major</td>
<td></td>
<td></td>
</tr>
<tr>
<td>One ancillary half-course (from the Psychology graduate curriculum</td>
<td></td>
<td></td>
</tr>
<tr>
<td>or 4000 level or above from another department)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>One half-course in Research Design or Quantitative Methods</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Candidacy Exam (Grad 8010)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thesis Proposal Development (PSYC 7790) (separate registration form required)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dissertation (Grad 8000)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Additional course requirements (if any)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**REGISTRATION INFORMATION**

<table>
<thead>
<tr>
<th>Course No.</th>
<th>Aurora CRN</th>
<th>Course Name</th>
<th>Section</th>
<th>Term F/W/S</th>
<th>Credit Hours</th>
<th>Course Class *</th>
</tr>
</thead>
</table>

* Course Classification

**SIGNATURES:**

Student: ___________________________________________  
Date: ___________________________________________

Academic Advisor: ____________________________________  
Date: ___________________________________________

Associate Head (Graduate) or designate: ___________________________  
Date: ___________________________________________

Revised April 2015