



**REGISTRATION FORM: MA - SCHOOL PSYCHOLOGY PROGRAM**  
**3 YEAR THESIS BASED STREAM**  
 Regular Session 20\_\_ – 20\_\_ & Summer Session 20\_\_

Name (print): \_\_\_\_\_ Student Number: \_\_\_\_\_

U of M Email: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Preferred Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Full-Time:  Part-Time:  Expected Graduation Date: FEB  MAY  OCT  YEAR 20\_\_  
(only to be completed by students in their graduating year)

**PLANNING GUIDE (PLEASE REFER TO GRAD BROCHURE)**

Course Requirements Year 1	Completed (✓)	Registering (✓)	Course Requirements Year 2	Completed (✓)	Registering (✓)	Course Requirements Year 3	Completed (✓)	Registering (✓)
PSYC 7200 Quantitative Methods 1			PSYC 7022 Psycho-Educational Assessment and Measurement 1			PSYC 7060 Senior Practicum in School Psychology		
PSYC 7210 Quantitative Methods 2			PSYC 7024 Psycho-Educational Assessment and Measurement 2			PSYC 7090 Behavioural Assessment and Intervention in School Settings		
EDUA 5012 Legal and Administrative Aspects of Schools for Clinicians			PSYC 7030 Learning and Cognitive Impairment			PSYC 7120 Consultation and Supervision		
EDUA 7712 Working with Family, School and Community Systems			PSYC 7040 Teaching Strategies, Learning Styles and Academic Remediation			PSYC 7130 School Psychology Research Design and Program Evaluation		
PSYC 7012 Ethics, History, and Profession of School Psychology 1			PSYC 7070 Social, Emotional and Personality Assessment of Children/Youth			PSYC 7820 Interventions 1		
EDUA 7710 Development in Learning Environments			PSYC 7080 Child/Youth Psychopathology			PSYC 7830 Interventions 2		
GRAD 7300 Research Integrity Tutorial & GRAD 7500 Academic Integrity Tutorial			PSYC 7050 Junior Practicum in School Psychology			GRAD 7000 MA Thesis		
*** Student must complete PSYC 7780 no later than 4 <sup>th</sup> term of registration in MA level			PSYC 7780 MA Thesis Proposal Development ***					

**REGISTRATION INFORMATION CURRENT ACADEMIC YEAR**

Course No.	Aurora CRN	Course Name	Term F/W/S	Credit Hours	Course Class *
					S
					S
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					S
					S
					S
					S
					S

\*Course Classification – Standard or AuXillary or Occasional or Audit

**SIGNATURES:**

Student: \_\_\_\_\_

Date: \_\_\_\_\_

Academic Advisor: \_\_\_\_\_

Date: \_\_\_\_\_

Associate Head (Graduate) or designate: \_\_\_\_\_

Date: \_\_\_\_\_

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