

COURSE REGISTRATION APPROVAL FORM
DEPARTMENT OF CLINICAL AND HEALTH PSYCHOLOGY

PLEASE TYPE OR PRINT CLEARLY

NAME: _____
LAST FIRST *****MIDDLE

UFID: _____ EMAIL: _____

SEMESTER/YEAR OF ENROLLMENT: Fall Spring Summer Year: _____

ENROLLMENT REQUEST: *This should include ALL courses in which you intend to register, not just CHP courses*

Course Number <small>(EX: CLP 7979, SOP 6555)</small>	Credits <small>(EX: 1, 8, etc)</small>	What Requirement does this meet?	Section Number <small>(Dept. Use Only)</small>
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_____	_____	<input type="checkbox"/> Core <input type="checkbox"/> Area <input type="checkbox"/> Prac <input type="checkbox"/> Stats <input type="checkbox"/> Research <input type="checkbox"/> Elective	_____
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Course Title: _____

_____	_____	<input type="checkbox"/> Core <input type="checkbox"/> Area <input type="checkbox"/> Prac <input type="checkbox"/> Stats <input type="checkbox"/> Research <input type="checkbox"/> Elective	_____
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Course Title: _____

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Course Title: _____

_____	_____	<input type="checkbox"/> Core <input type="checkbox"/> Area <input type="checkbox"/> Prac <input type="checkbox"/> Stats <input type="checkbox"/> Research <input type="checkbox"/> Elective	_____
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Course Title: _____

Print Mentor/Chair's Name HERE ➡ _____

Check Research Course HERE (Must be included in list of courses above)

CLP 6971 Masters Research **CLP 7979 Advanced Research** **CLP 7980 Doctoral Research**
(Taken for dissertation work prior to the qualifying exam) (Taken during/after the term in which you pass the qualifying exam)

CLP 6910 Supervised Research (max of 5 credits toward degree) Please give a brief description of the research you are proposing to conduct:

Approval by and signature of the faculty member that will be supervising the research is required.

APPROVED _____
PRINTED name of Research supervisor **SIGNATURE** of Research Supervisor

CLP 6940 Supervised Teaching Must be admitted to candidacy (9HP). A Maximum total of 5 credits are allowed. Also, this course is allowed for the supervision of undergraduate students enrolled in CLP 3911; only one credit per semester with a maximum of 4 credits are allowed. This cannot be a part of your assistantship duties. Please give a brief description of the proposed teaching or undergraduate supervision:

Approval by and signature of the faculty member that will be supervising the teaching is required.

APPROVED _____
PRINTED name of Supervised Teaching Instructor **SIGNATURE** of Supervised Teaching Instructor

I have registered or would like to be registered (holds have been cleared) for the courses above. I understand that I am responsible for any late fees issued if I have not verified my registration to be correct and complete before the posted deadlines.

THE ABOVE REGISTRATION IS APPROVED: **STUDENT SIGNATURE:** _____

Signature of Supervisory Chair/Mentor **Signature of Graduate Coordinator / Academic Coordinator**