

DEPARTMENT OF PSYCHOLOGY
Request for Approval of Greater than 9 Credits

TO: CAS Graduate School

STUDENT

Name:		Name:	
USF ID:		Email:	
Area of Concentration:			

ADVISOR

SELECT ONE:

- ☐ 1st or 2nd year Clinical student APA required curriculum
- ☐ 1st year IO and CNS student methods requirement (two 3 credit courses and a 4 credit methods course)
- ☐ Other requests over 9 hours (Full justification from the student and advisor required)

If **Other requests over 9 hours** is selected, provide justification for each of the courses you are currently enrolled in for the YEAR semester at the University of South Florida.

SIGNATURES REQUIRED:

Printed Name	Student's Signature	Date
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Printed Name	Advisor's Signature	Date
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