

**Psychological Sciences - Graduate Programs**  
**Exemption from Departmental or Program Requirement**  
 (complete a separate form for each requirement for which exemption is sought)

1. Student Name: \_\_\_\_\_ Student ID \_\_\_\_\_

2. Program (check one):  Clinical  CaBS  Industrial/Organizational  Appl. Behavior Analysis

3. Requirement to be exempted (check one and provide requested information):

Departmental or Program Required Course (number and title) \_\_\_\_\_

MS Thesis

4. Reason for exemption (check one and give requested information):

A. Completion of the following comparable coursework (must be accompanied by an official transcript showing final grade for the course(s)):

Course No.	Course Title	Program	Institution	Term/Year	Credit Hours	Grade

B. Completion of the following thesis, which conforms with the program's standards (must be accompanied by an official transcript documenting thesis completion and master's degree conferred):

Thesis Title	Degree	Program	Institution	Month/Year degree conferred

C. Other (explain):

Approval Signatures:  _____, faculty member who normally teaches exempted course _____, Major Professor _____, Program Director _____, Department Chair	Date Signed  _____ _____ _____ _____
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