

DEPARTMENT OF PSYCHOLOGY

TOOL REQUIREMENT

Student's Name

ZID

Curricular Area

Date

****See Department of Psychology Graduate Student Manual for list of approved courses****

I have satisfied the tool requirement in the following manner:

Course and Title	Semester & Year Completed
1)	
2)	
3)	
4)	

Approved by:

Advisor/Area Coordinator

Signature

Director of Graduate Studies

Signature

Departmental use only

Tool: _____

Level of proficiency: _____