

Instructions on Earning a MA Degree *en Passant* (in passing) to a Psy.D Degree

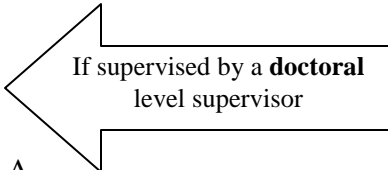
1. Masters in Clinical Psychology Course Requirements

Fill out the “*MA en Passant Course Requirements and Verification of Practicum*” form to indicate successful completion of the MA Clinical Psychology course requirements.

2. Verification of Successful Completion of your 1st year Practicum

Have the Clinical Training Department verify successful completion of your 1st year practicum and required practicum contracts and evaluations. A signature on page 2 of the “*MA en Passant CCE/CEC and Verification of Practicum*” form is required from the clinical training department. 1st year practicum includes one of the following course sequences:

1. Practicum I *and*
Practicum II *Or*
2. Master's Practicum & Seminar I *and*
Master's Practicum & Seminar II *and*
Master's Practicum & Seminar III *Or*
3. Practicum I: A and Practicum Seminar I: A
Practicum I: B and Practicum Seminar I: B
Practicum I: C and Practicum Seminar I: C



If supervised by a **doctoral**
level supervisor

3. Successful Completion of the Clinical Evaluation Conference (CEC) or the Clinical Competency Exam (CCE)

Students need to pass the in order to earn an MA degree in Clinical Psychology. To verify completion of this requirement, students must hand in a signed copy of the “*Outcome of the MA Clinical Evaluation Conference*” form to the Student Services office. The CEC will be offered in your Practicum II course.

If you have already completed your Practicum II course, students may use the CCE to satisfy this requirement. To verify completion of this requirement, students must hand in a signed copy of the “*Outcome of the PsyD Clinical Competency Exam*” form to the Student Services office. The CCE will be given in the Summer I term.

4. Petition to Graduate

Students must submit and return the “*Petition to Graduate MA Degree en Passant*” form (attached) and pay the graduation fee located on last page in order to earn an MA degree in Clinical Psychology.

Questions?

Please contact the Student Services office at 510-217-4791
Fax # 510-217-4805

Name *also Indicate how you would like it on your Diploma:

PLEASE PRINT NAME CLEARLY ON LINE ABOVE

8/2010

Course Number	Course Title	Term/Year	Grade	Credits	Comments
First Year					
Fall Semester					
PP 8020	Person Centered & Experiential Theory & Therapy			3	
PP 7300	Psychopathology I			3	
PP 7110	Professionalization Group I			1	
PP 7370	Cognitive Assessment			3	
Spring Semester					
PP 7301	Psychopathology II			3	
PP 7111	Professionalization Group II			1	
PP 7010	Life Span Development			3	
PP 7340	Issues in the Assessment and Treatment of Diverse Populations			3	
Summer Semester					
PP 7100	Professional Issues: Ethics Conduct and Law			3	
PP 8010	Cognitive-Behavioral Theory And Therapy			3	
PP 7332	Child Abuse Assessment & Reporting			0	
Second Year					
Fall Semester					
PP 8201	MA Practicum I			3	
PP 7050	Physiological Psychology			3	
PP 7200	Statistics & Research Methods			3	
Spring Semester					
PP 8202	MA Practicum II			3	
PP 7360	Clinical Psychopharmacology			3	
PP 8050	Family & Couple Therapy			3	
Summer Semester					
PP 8650	Assessment & Treatment of Substance Use Disorders			3	
PP 8670	Human Sexuality			1	
PP 7000	History & Systems			3	

CEC/CCE & PRACTICUM VERIFICATION

Name (please print clearly) _____

Verification of Successful Completion of your 1st year Practicum or Verification of CEC/CCE.

Please have the Director of Clinical Training verify successful completion of the Practicum I requirements.

Please indicate below one of the following:

___ Completion of 1st year Practicum

___ Student will complete 1st year Practicum at the end of the term (pending evaluations). A grade of "CR" in practicum I and the outcome of CEC will satisfy the requirements of completion.

Signature Clinical Training Department

Date

Commencement Program & Ceremony

Please write this information clearly so that it will be clear and accurate.

Name (please print clearly)

*Please note that it takes 2 months to receive your diploma. It will be mailed to your home address.

Ceremony Information:

Will you be participating in the commencement ceremony (occurs in the Fall semester)

Yes No

*Students who have incomplete grades or incomplete paperwork at the end of the summer term may not walk in the Fall graduation ceremony so please plan accordingly. **There are no exceptions.***

How many guests do you plan to bring? _____ (Limit 4)

Will you require extra tickets? _____ (List amount. We will contact you closer to the ceremony date to inform you if extra tickets are available).

Your signature here indicates your permission to include the above information in the Commencement Program as Public Information.


Signature _____ **ID#** _____ **Date** _____

Office Use Only:

- Graduation database
- Charged in database
- Degree in database
- Information listed in graduation spreadsheet

PAYMENT INFORMATION

Return all required Materials to the Student Services Office with Payment
Students must hand in this completed form along with the “Petition to Graduate MA en Passant” form with payment info.

I give my permission to the AU to charge my credit card below \$175 for the Graduation Fee.			
Name (please print clearly) _____			
Signature: _____			Date: _____
Charge My:	--- MASTERCARD	--- VISA	---DISCOVER
Credit Card#: _____			Exp. Date: _____
Credit Card Security Code: _____			

For office use only

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- _____ Petition to Graduate MA en Passant payment received.
 - _____ Outcome of the “MA Clinical Evaluation Conference” or “Outcome of the Psy.D Clinical Competency Exam” on file and in CVue.
 - _____ Student Meets all Course Requirements
 - _____ GPA of 3.0 or higher \$0 balance

Registrar Signature/Date Required _____