**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TODAY’S DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**STUDENT ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SCSU EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student: I understand the following about the B.S. in Psychology program:**

\_\_\_ There are three recommended tracks of study to choose from: Behavioral Neuroscience,

 Cognitive Science, and Applied Psychology & Assessment. You will select courses for your

 preferred track in consultation with your major advisor.

\_\_\_ The program includes a 3-credit practicum with 150 hours (10 hr/week) in a research

setting, usually in the senior year. This can be done in an on-campus or off-campus professional setting.

\_\_\_ If you do your practicum in an off-campus setting, you have a responsibility to behave

 professionally, as you will be a representative of SCSU and the Psychology program.

\_\_\_ Some practicum sites have required security checks, drug tests, and health screens. You

 must meet a site’s requirements in order to participate in the practicum at that location.

\_\_\_ The program has requirements that involve a multi-semester sequence:

 1. PSY 259 and PSY 300 must be taken before 2. PSY 393, which must be taken before

 3. PSY 463 or 467 (Practicum).

 Certain recommended 400-level courses in the program also require PSY 393.

\_\_\_ The program requirements include *cognate* courses outside of Psychology; there is a list

 of recommended courses in the catalog, and your choices need to be approved by your

 advisor.

\_\_\_ I confirm that I have reviewed all of the program requirements, and I have done a degree

evaluation what-if analysis to see my remaining requirements under this program. I will bring a copy of the evaluation to my meeting with an advisor for the B.S. program.

**STUDENT SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Faculty Member: \_\_\_ Dr. Bordner \_\_\_ Dr. Budnick \_\_\_ Dr. Irwin \_\_\_ Dr. Stiver**

**I have:**

\_\_\_ Discussed the requirements of the program with the student

\_\_\_ Reviewed the student’s transcript or degree evaluation

\_\_\_ Discussed the number of remaining requirements with the student and helped them

 estimate a time-frame for completion

\_\_\_ Discussed the students’ interests and professional goals and determined that the program

 is a good fit for the student

**FACULTY SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**