Hood College – Degree Candidacy Form
Master of Arts Human Sciences

Print Name ___________________________________________ Student ID # ________________________________

Phone ___________________________________________ E-mail Address ______________________________________

Street ________________________________________________________________________________________________

City, State, ZIP _______________________________________________________________________________________

Date of first course in the program ______________ Date of Expiration of seven-year time limit (see catalog) ______________

Program Options: ___ 30 credits including Comprehensive Exam ___ 36 credits including Master’s Thesis

☐ Check box if you plan to pursue the Thanatology Certificate

☐ Check box if you plan to pursue the Gerontology Certificate

Put a check mark by the courses listed below that you have satisfactorily completed at Hood. Circle the courses in which you are currently enrolled or plan to take. Fill in details where indicated. Place a “T” by courses approved for transfer from another institution by the Dean of the Graduate School (6 credits maximum).

Course Requirements (12 credits)

_____ PSY 500  _____ PSY 501  _____ PSY 505  _____ PSY 531

Human Science Courses (6 credits)

_____ ECON 551  _____ MATH 500  _____ PHIL 501  _____ PSCI 500  _____ SOC 523

Electives (12 credits) (*) Not eligible for comprehensive exam; (+) Thanatology cert. requirement; (#) Gerontology cert. requirement

_____ GER 554#  _____ GER 555#  _____ GER 556#  _____ GER 599#  _____ PSY 508*

_____ PSY 509  _____ PSY 511  _____ PSY 518  _____ PSY 534  _____ PSY 556

_____ PSY 575R*  _____ PSY 575*  _____ PSY 590*  _____ PSY 595*  _____ THAN 520+

_____ THAN 521+  _____ THAN 523+  _____ THAN 524  _____ THAN 525*  _____ THAN 527

_____ THAN 528+  _____ THAN 529

Signatures: The student MUST meet with their adviser to complete the Degree Candidacy Form and is responsible for obtaining signatures from the adviser and the program director before submitting the form to the Dean of the Graduate School.

Student ___________________________________________ Date __________________________

Adviser ___________________________________________ Date __________________________

Program Director ___________________________________________ Date ______________________

Graduate School ___________________________________________ Date ______________________

Copies: Graduate Office, Adviser and Candidate    July 2013