CLINICAL PSYCHOLOGY MAJOR CONCENTRATION FORM
(To be submitted with your SIS degree advisement report)

Student Name: ________________________________       I.D.# ____________________

Other Major/Minor (specify which): ____________________________________________
(Note: submit a signed checklist with your advisement report for each major/minor.)

Please list Tufts courses by number. For transfer courses, list title and add “T.” Indicate which courses are incomplete, in progress, or to be taken. Note: If substitutions are made for “to be taken” courses, it is the student’s responsibility to make sure the substitutions are acceptable.

Twelve courses distributed as follows:

I. Eight required courses:

1. Psychology 1 _______________________    2. Psychology 12 ______________________
3. Psychology 31 _________________________ 4. Psychology 38 _______________________
5. Psychology 71 _________________________ 6. Psychology 106 _______________________
7. Psychology 181 _________________________ 8. Psychology 182 _______________________

II. Two elective psychology courses (no more than one of which can be independent study):

1. Elective ______________________________________________________________________
2. 100-level elective __________________________________________________________________

III. Two related field courses:

1. ______________________________________________________________________________
2. ______________________________________________________________________________

Advisor’s Signature __________________________________________ Date _________________

Degree Sheet Committee Signature __________________________ Date _________________

**It is the student’s responsibility to return signed degree sheets to Student Services**

Have you done independent or supervised research on campus or off campus? Yes or No
If yes: with whom? ___________________________________________ When? ______________