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:

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? ____________________