

Appendix A

M.S.E. Checklist for School Psychology*

University of Wisconsin

410 South Third Street

RIVER FALLS

River Falls, WI 54022

Department of Counseling and School Psychology
OFFICE 715.425.3889 FAX 715.425.3242

1. Name: _____
2. Address: _____

3. Telephone Number(s): Home _____
Work / Cell _____
4. Student Identification Number: _____
5. Minimum of 35¹ credits completed. Must include a final grade (not SP) for SPSY 795.
ATTACH: 1) unofficial transcript 2) School Psychology Program Credits Checklist
6. Directed Research Proposal: _____
 - a. Title: _____
 - b. Date IRB Approved: _____
 - c. Advisor's Signature: _____
 - d. Institutional Research Protocol Number: _____
7. Date Application for Graduation was filed: _____

*To be submitted to the School Psychology Program Director when the Graduation Application is filed with the Graduate Office.

¹ Including program approved transfer credits.