Appendix A

M.S.E. Checklist for School Psychology *

University of Wisconsin  
RIVER FALLS  
Department of Counseling and School Psychology  
OFFICE 715.425.3889   FAX 715.425.3242  
410 South Third Street  
River Falls, WI 54022

1. Name: ________________________________________________

2. Address: ________________________________________________

3. Telephone Number(s): Home ________________________________
   Work / Cell ________________________________

4. Student Identification Number: ________________________________

5. Minimum of 35 credits completed including a final grade for SPSY 795.
   ATTACH: 1) unofficial transcript 2) Appendix C

6. Directed Research Proposal
   a. Title: ________________________________________________
   b. Date IRB Approved: ____________________________________
   c. Research Advisor’s Signature: ____________________________
   d. Institutional Research Protocol Number: ____________________

7. Signature of advisor, indicating approval of M.S.E. portfolio:____________________

8. Date Application for Graduation was filed: __________________________

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

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1 Including program approved transfer credits.