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

1. Name: ______________________________________________________

2. Address: ____________________________________________________

3. Telephone Number(s): Home _____________________________________

                        Work / Cell _________________________________________

4. Student Identification Number: _________________________________

5. Minimum of 35\textsuperscript{1} 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.

\textsuperscript{1} Including program approved transfer credits.