



**Petition to Graduate (for all Education and Counseling Psychology M.A. degrees)**

<b>(Indicate your name exactly as you wish it to appear on your diploma)</b>			
First name:	Middle name/initial :	Last name:	ID:
Permanent Address: (Your diploma will be sent to this address) STREET:			Phone:
CITY:	STATE:	ZIP:	Email:

**This petition for your credential must be completed, signed by your advisor, and submitted to the Dean's Office by the:**

**3<sup>rd</sup> Friday in January for a March graduation date**

**1<sup>st</sup> Friday in March for a June graduation date**

**3<sup>rd</sup> Friday in June for a September graduation date**

**1<sup>st</sup> Friday in October for a December graduation date**

QUARTER IN WHICH YOU WISH TO GRADUATE: \_\_\_\_\_

<b>Counseling Psychology Degree Information</b>	
<b>Track (check one)</b>	<b>Emphasis(es) (check all that apply)</b>
<input type="checkbox"/> Counseling (51 unit)	<input type="checkbox"/> Career
<input type="checkbox"/> Counseling Psychology (78 unit)	<input type="checkbox"/> Correctional
<input type="checkbox"/> Counseling Psychology w/ MFT	<input type="checkbox"/> Health
<input type="checkbox"/> Counseling Psychology w/ LPCC	<input type="checkbox"/> Latino
<input type="checkbox"/> Counseling Psychology w/ MFT and LPCC	

<b>Education Degree Information</b>	
<input type="checkbox"/> Interdisciplinary Education – Curriculum & Instruction	<input type="checkbox"/> Special Education – Mild Moderate Disabilities
<input type="checkbox"/> Interdisciplinary Education – Teaching & Learning	<input type="checkbox"/> Special Education – Early Childhood Education
<input type="checkbox"/> Interdisciplinary Education – STEEM	<input type="checkbox"/> Educational Administration
<input type="checkbox"/> Interdisciplinary Education – Reading Specialist	<input type="checkbox"/> Educational Administration – Higher Education
<input type="checkbox"/> Interdisciplinary Education – OTHER _____	

<b>Approvals</b>	
Student Signature:	Date:
Academic Advisor:	Date:
Director of Student Services:	Date:

MV – 09.22.11  
Check program \_\_\_\_\_

Prelim. sent to Registrar's Office \_\_\_\_\_  
Final sent to Registrar's Office \_\_\_\_\_