

## Psychology Graduate Course Request

Name: \_\_\_\_\_

MSU Net ID: \_\_\_\_\_

Graduate Program: \_\_\_\_\_

Please provide answers to the following questions and submit your request to the graduate coordinator in psychology, Dr. Hilary L. DeShong (hld166@msstate.edu):

1. Please explain exactly why you are requesting to take this class.

2. Please explain how you meet the minimum qualifications for the class, including any listed prerequisites.

3. Please affirm that you have communicated with the instructor of the course about course expectations and requirements.

- Yes, I have communicated with the instructor.
- No, I have not communicated with the instructor.

Please provide a reason:

4. Please affirm that you have reviewed the syllabus for the class (if available at the time of your request – this likely requires contacting the instructor to obtain).

- Yes, I have reviewed the syllabus for the class
- No, I have not reviewed the syllabus for the class.

Please provide a reason that the syllabus was not reviewed:

5. Please acknowledge that you understand that this course is designed for the Cognitive Science and/or Clinical Psychology doctoral students and will **NOT** be modified in any way for students outside these programs

- Yes, I acknowledge that I understand this course is designed for the Cognitive Science and/or Clinical Psychology doctoral students and will not be modified in any way for students outside these programs.

