



ACCELERATED DEGREE PROGRAM APPLICATION

Instructions: A student must apply to be officially confirmed as an Accelerated Degree Program student through the Graduate College when they have attained 90 earned credit hours and have no more than 120 registered credit hours. All applicants must have a minimum 3.00 cumulative GPA* and must maintain this minimum GPA throughout the program (*some departmental standards may be higher and students are required to follow the guidelines as set forth by their respective programs). Once a student begins taking graduate courses, cumulative GPA standards for undergraduate (2.00) and graduate (3.00) degrees must be maintained. It is the student's responsibility to secure all the necessary signatures within 30 days of initiation of the application process. The completed process date on the form is the date on which the application is approved by the Graduate College.

Name of Student: _____ Student ID: _____

Degree Program Currently Enrolled in: _____

Anticipated Graduate Degree Program: _____

Credit Hours Earned: _____ Cumulative Grade Point Average: _____

Anticipated Undergraduate Graduation Date: _____ Anticipated Graduate Graduation Date: _____

NOTE: A Detailed Plan of Study and Co-op Cycle Change Form including scheduled coops must accompany this form. *No co-op adjustment is allowed after this form is completed and processed.* Please obtain the following signatures in the order they appear:

Authorizations/Signatures

Undergraduate Advisor: _____ Date: _____

Graduate Advisor: _____ Date: _____

Co-op Advisor: _____ Date: _____

International Student and Scholar Services: _____ Date: _____

(International Students Only)

Check below if there are changes to billing/funding

Drexel Central: _____ Date _____ Yes No

Student: _____ Date: _____

Acknowledges that he/she has read and understands the policy and implications for enrolling in the above accelerated degree program per the academic policy as listed on the University Provost's website. In order for the change to be applicable to the selected term, the form must be submitted to the Graduate College no later than the end of the second week of the selected term.

Graduate College: _____ Date: _____



ACCELERATED DEGREE LEVEL CONVERSION/REVERSION FORM

Instructions: The purpose of this form is for (1) conversion in status from undergraduate level to graduate level at the time stipulated in the program or in the case of students who are enrolled in the Accelerated Degree Program and are unable to complete the program for (2) reversion in status back to the appropriate undergraduate program.

Name: _____
(First) (Middle Initial) (Last)

University ID Number: _____ Drexel Email: _____

Change of Status

Effective Term: Fall Winter Spring Summer

Academic Year (e.g. 2014-2015): _____

Current Degree Level/Program: _____ Requested Degree Level/Program: _____

Student Signature: _____ Date: _____

Authorizations/Signatures: Conversion Only

Undergraduate Advisor: _____ Date: _____

Graduate Advisor: _____ Date: _____

Dean's Signature (College of Engineering): _____ Date: _____

International Student and Scholar Services (International Students): _____ Date: _____

Office of Graduate Studies: _____ Date: _____

By checking, you have given us permission to process this form and you are aware of any billing changes and financial implications. For students who are withdrawing from the Accelerate Degree Program and reverting to undergraduate level status, you are required to develop a new plan of study with your undergraduate advisor and obtain the required signatures by exploring the changes with the following offices:

Authorizations/Signatures: Reversion/Withdrawal Only

Undergraduate Advisor: _____ Date: _____

Graduate Advisor: _____ Date: _____

Dean's Signature (College of Engineering): _____ Date: _____

Co-op Advisor: _____ Date: _____

International Student and Scholar Services (International Students): _____ Date: _____

Drexel Central: _____ Date: _____

Office of Graduate Studies: _____ Date: _____

APA Ethics Attestation

I have read and understand the Ethical Principles for Psychologists Code of Conduct (American Psychological Association, 2010). I have discussed with my faculty mentor or the MS Program Director any questions or needed clarifications concerning these principles. I agree to fully adhere to the codes of conduct outlined in this document.

Student Signature & Date

Faculty Mentor Signature & Date

MS Program Director Signature & Date

**COLLEGE OF ARTS & SCIENCES
PSYCHOLOGY DEPARTMENT
MASTERS PROGRAM**

MS RESEARCH REQUIREMENT

NAME _____ STUDENT ID: _____

Please print the academic year next to the term that the student has completed the research requirement.

FALL TERM _____ WINTER TERM _____ SPRING TERM _____

This form certifies that the above name has successfully completed a minimum of 8 hours per week of research for his/her advisor.

ADVISOR:

In signing this form, I have agreed that the above name has completed a minimum of 8 hours per week of research in my lab.

Signature _____ Date _____

Student Signature: _____ Date _____

PROGRAM DIRECTOR _____

ORIGINAL FORM: PROGRAM – Student's File

MS. RESEARCH. FRM

INDEPENDENT STUDY IN PSYCHOLOGY

PURPOSE: *To provide the opportunity for a graduate student to engage in the study of a particular area of clinical psychology that is not covered in-depth by an existing course. Typically, this independent study would focus on a narrower topic (e.g., mood disorder, advanced educational psychology, psychology of sleep etc.) than a given course (e.g., abnormal psychology). Moreover, the nature of the study would be more in-depth that can be accomplished in a traditional course.*

PROCESS: *The interested student needs to: (a) have a faculty sponsor willing to mentor such a course; (b) develop, along with the faculty member, a plan of study for this course; and (c) develop, along with the faculty sponsor, a formal means of evaluating the student's work for this course (e.g., formal test, research proposal).*

Please note that the title of the independent study needs to be 30 characters or less including spaces

***** In order to be registered for such a course, THIS FORM HAS TO BE COMPLETED BY THE END OF WEEK 2 OF THE ADD/DROP PERIOD FOR EACH TERM*****

Name of Student _____ ID# _____

Student Email Address _____

Name of faculty sponsor _____

Title of Course _____

Number of Credit (s) _____ Term: _____ Academic Year: _____

Brief Description of Proposed Course of Study

Plan of Student Evaluation

*****Approvals*****

Student's Signature _____ Date _____

Faculty Sponsor's Signature _____ Date _____

Program Director's Signature _____ Date _____

Psy _____ Section _____ CRN _____



Department of Psychology

COLLEGE OF ARTS & SCIENCES

THESIS PROPOSAL APPROVAL

This is to certify that _____ has successfully presented to his/her committee, a thesis proposal that is acceptable in scholarship and scientific merit to warrant implement as a Master's thesis. This _____ day of _____, 20____.

COMMITTEE MEMBERS' NAMES
(Please Type or Print)

COMMITTEE MEMBERS' SIGNATURES

CHAIRPERSON

PROGRAM DIRECTOR _____

ORIGINAL FORM: PROGRAM - Student's File

File: MASTERS THESIS PROPOSAL FORM



DEPARTMENT OF PSYCHOLOGY

MASTER'S THESIS DEFENSE FORM

This is to certify that _____ successfully defended
his/her Master's thesis, on this _____ day of _____, 20_____.

COMMITTEE MEMBERS' NAMES

(Please Type or Print)

COMMITTEE MEMBERS' SIGNATURES

CHAIRPERSON

PROGRAM DIRECTOR _____

ORIGINAL FORM: PROGRAM - Student's File



DREXEL UNIVERSITY

Graduate College

DISSERTATION/THESIS APPROVAL FORM

This form is for use by all doctoral and master's students with a dissertation/thesis requirement. Please print clearly as the library will bind a copy of this form with each copy of the dissertation/thesis. All doctoral dissertations must conform to university format requirements, which is the responsibility of the student and supervising professor. Students should obtain a copy of the Thesis Manual located on the Graduate College or library website.

Dissertation/Thesis Title:

Author:

This dissertation/thesis is hereby accepted and approved.

Signatures:

Examining Committee

Chair

Members

Academic Advisor

Department Head



Name:		Date:	
Advisor(s):			
Program Year:		Expected Graduation Date:	

Topic/Title:			
Committee Members: (min 3; 1 external)	Chair:		
	Internal (dept) Members:		
	External Members:		
Date of Proposal: (or projected date)		Date of Defense: (or projected date)	
Current Status (if not completed):			

Coursework

Credits completed: to be completed: GPA:

Mentor Comments:

Mentor Ratings

Exemplary, you have exceeded expectations
 Satisfactory, you have met expectations
 Unsatisfactory, you are below expectations

Laboratory Responsibilities

Description of lab responsibilities and accomplishments:

Mentor Comments:

Mentor Ratings

Exemplary, you have exceeded expectations
 Satisfactory, you have met expectations
 Unsatisfactory, you are below expectations

Independent Research

Description of independent research:

Presentations/publications:

Mentor Comments:

Mentor Ratings

- Exemplary, you have exceeded expectations
- Satisfactory, you have met expectations
- Unsatisfactory, you are below expectations

Professional Development

Professional involvements (eg professional memberships, conferences attended):

Mentor Comments:

Mentor Ratings

- Exemplary, you have exceeded expectations
- Satisfactory, you have met expectations
- Unsatisfactory, you are below expectations

Professional Behavior (maturity, responsibility, ethical behavior, interactions with peers/faculty)

Mentor Comments:

Mentor Ratings

- Exemplary, you have exceeded expectations
- Satisfactory, you have met expectations
- Unsatisfactory, you are below expectations

Goals for Next Academic Year

Coursework:

Research:

Teaching/TAing:

Professional Development:

Other:

Signatures (type name if completing electronically)

Date

Student:

Primary Mentor:

Secondary Mentor: if applicable

MS Program Director:



DREXEL UNIVERSITY

Department of

Psychology

College of Arts and Sciences

**Master's Program in Psychology
Documentation of Research Presentation**

Please provide the information below to document the first-author presentation of your research.

Title of Presentation:

Author(s):

Organization or Institution:

*(For example, Drexel University Research Day, National Association for Dual Diagnosis,
American Psychological Association)*

Type of Presentation

(For example, poster, paper, paper on symposia, etc.)

Location:

(City, state, country)

Presentation Date:

Student Signature & Date:

Faculty Mentor Signature & Date:

MS Program Director Signature & Date:

GRADUATE PROGRAM COMPLETION FORM

PhD/Doctoral Candidates: Please complete and submit this form and appropriate surveys to the Graduate College. The deadline is typically the last day of the first week of classes in the term after you plan to graduate. *Please check with the Graduate College for the exact term deadline.*

Masters Students: Please obtain the required signatures and submit this form.

Please note: both Masters and PhD/Doctoral Students are required to submit an electronic thesis/dissertation via ProQuest.

Please type or print clearly.

Name to Appear on Diploma: _____
First Middle Last

Student ID #: _____ Major: _____

Degree: Masters Doctoral PhD Specific Degree (e.g. MA, EdD): _____

Exact Dissertation/Thesis Title: _____

Graduation Term & Year: _____
F/W/Sp/Su Year

Student Signature: _____

Please print the name of your Supervising Professor: _____

Reminder: Please be sure your mailing address is correct and/or updated in your DrexelOne portal for purpose of mailing post-graduation materials, including your diploma. Please use a non-Drexel email address below for future communications.

Email Address: _____

Certifications and Approvals:

Supervising Professor: _____ Date: _____

Department Graduate Advisor: _____ Date: _____

Is an embargo required? No Yes *If yes, please select* six months one year two years
(An embargo is a delayed online release)

Department Graduate Advisor Embargo Approval: _____ Date: _____

Drexel Library: _____ Date: _____

Following submission of thesis/dissertation and approval by Library

PhD/Doctoral Candidates Only: Please complete the appropriate surveys available on the Graduate College website.

_____ Drexel PhD/Doctoral Exit Survey _____ Survey of Earned Doctorates (SED)

After acquiring all signatures above, please submit form to the Graduate College for final graduation clearance and signature.

Graduate College: _____ Date: _____

Graduate Student Reimbursement Form

Faculty Mentor _____ Academic Year _____

Graduate Student Print Name _____ Date _____

Amount of Purchase Request: _____ (not to exceed \$750)

Briefly Describe:

Purpose:
_____ **Student Travel**
_____ **Research**
_____ **Internship travel**

Signatures:

Student: _____ Mentor: _____

Approvals signatures:

Graduate Program Director _____

Department Head _____

(Attach approved form to purchase request or check request and submit to Graduate Program Coordinator, Damaris Oquendo)