

CALIFORNIA STATE UNIVERSITY, LONG BEACH

Department of Communicative Disorders

Advancement to Candidacy for the Master of Arts in Speech-Language Pathology

NAME: _____ SID # _____
 STREET ADDRESS: _____ TELEPHONE: _____
 BA/BS/YR _____ COLL./UNIV. _____ MAJOR _____

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<p>BASIC SCIENCES: AT LEAST 27 UNITS; AT LEAST 6 UNITS IN BIOLOG/PHYS SCL. & MATH AT LEAST 6 UNITS IN BEHAV./SOC.SCI</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">CSULB</th> <th style="width:15%;">UNIV.</th> <th style="width:15%;">EQUIV.</th> <th style="width:15%;">GRADE</th> <th style="width:15%;">DATE</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> <p>BIOLOGICAL/PHYSICAL SCIENCE (AT LEAST ONE COURSE)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> <p>MATHEMATICS (AT LEAST ONE COURSE)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> <p>PSY 110</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> <p>BEHAVIORAL/SOCIAL SCIENCES (AT LEAST ONE COURSE)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> <p>ANATOMIC & PHYSIOLOGICAL BASES (AT LEAST ONE COURSE)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>CD 261</td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> <p>PHYSICAL & PSYCHOPHYSICAL (AT LEAST ONE COURSE)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>CD 330</td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> <p>LINGUISTIC & PSYCHOL.N.G ASPECTS (AT LEAST ONE COURSE)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>CD 329</td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> <p>OTHER UNDERGRAD. 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PROGRAM APPROVAL:

CANDIDATE'S SIGNATURE	DATE	DEPARTMENT ADVISOR	DATE
GRADUATE ADVISOR	DATE	CHAIR	DATE

 ASSOC. DEAN, COLLEGE OF HEALTH & HUMAN SERVICES/DATE

Please see reverse for directions on completing and submitting this form.