

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
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 CID # \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 e-mail \_\_\_\_\_

**ANGELO STATE UNIVERSITY**  
**College of Graduate Studies**  
**Department of Psychology**  
**and Sociology**  
**2020-2021**

**\*\*\* TEACHING OF PSYCHOLOGY CERTIFICATE \*\*\***

	Term	GSCH	Grade
PSY 6302		3	
PSY 6303		3	
PSY 6338		3	
PSY 6347		3	
PSY 6361		3	
<b>Total GSCH</b>		<b>15</b>	

\*GSCH (Graduate Semester Credit Hour)

Date \_\_\_\_\_ Student

Date \_\_\_\_\_ Approved \_\_\_\_\_ Graduate Advisor

Date \_\_\_\_\_ Approved \_\_\_\_\_ Department Chair

Date \_\_\_\_\_ Approved \_\_\_\_\_ Graduate Dean

"The information you have supplied is maintained by the University. You have the right to review and correct this information by contacting the Psychology/Sociology office."