



Registrar

Forensic Mental Health Counseling (MA) Track Declaration

To Be Completed by Student

First Name: _____ Last Name: _____

Student ID#: _____ Email Address: _____

Telephone #: _____ Expected Date of Graduation: _____
(term/year)

The completed form with all required signatures must be sent to registraraudit@jjay.cuny.edu for processing.

Part I: Select the track/specialization you are declaring

Forensic Mental Health Counseling Thesis Track

*Note: Students interested in this thesis track must obtain approval from a full-time faculty mentor serving as a thesis sponsor **before** enrolling in PSY 791. They must also achieve a grade of A or A- in the following courses: PSY 715, PSY 737, PSY 738 and PSY 769 (and acquire the permission of a thesis sponsor and the program director) before PSY 791 enrollment.*

Victim Counseling Specialization Track

*Note: All students who elect this specialization track are required to take the following 6 courses in lieu of Forensic Mental Health Counseling electives: PSY 705, PSY 708, PSY 733, PSY 742, PSY 773, PSY 774. **Students on this track cannot also write a thesis***

Part II: Thesis Track Students: In order to fulfill the requirements of the thesis track, I must achieve a minimum grade of A- or higher in the following courses (PSY 715, PSY 737, PSY 738, and PSY 769) and that my GRE scores are comparable to those needed for advanced graduate work. However, special permission may be granted by the thesis advisor or the program director. Enter (IP) for courses that you are currently taking.

Area of Possible Interest for Thesis: _____

PSY 715 grade: _____ PSY 737 grade: _____ PSY 738 grade: _____ PSY 769 grade: _____

Required Signatures:

Thesis Advisor Signature (required): _____ Date: _____

Program Director's Signature (required): _____ Date: _____

Sign below and then return the completed form to your program director's office.

Student's signature (required): _____ Date: _____

