

First

## Department of Child and Family Development

## (LPCC)

Important: MAC users, please use Adobe Acrobat Reader to complete and save this form. Please do not use the MAC preview tool as it may result in a document with blank fields.

Name:

Middle

Last

Provide information below regarding courses you have taken (or are currently taking) that you think fall into these categories.

| Prerequisite | Institution | Department | Course # and Title | Date | Units | Grade |
|--------------|-------------|------------|--------------------|------|-------|-------|
| Course in    |             |            |                    |      |       |       |
| Human or     |             |            |                    |      |       |       |
| Child        |             |            |                    |      |       |       |
| Development  |             |            |                    |      |       |       |
| Course in    |             |            |                    |      |       |       |
| Psychology   |             |            |                    |      |       |       |
| Or           |             |            |                    |      |       |       |
| Abnormal     |             |            |                    |      |       |       |
| Psychology   |             |            |                    |      |       |       |