

**University of Connecticut School Psychology Program Area of Integrated Concentration
Approval Form**

Student name: _____

Student Advisor(s): _____

Selected Area of Integrated Concentration

Name of Certificate Program: _____

Describe how this AIC will advance your knowledge and inform future research and practice.

Date of submission: _____

Date of Certificate Approval: _____

*Certificate programs must be approved prior to enrolling in courses. In cases where the program was not approved beforehand, the course may not count towards the AIC requirement

Certificate Requirements

Course 1#: _____ **Credit Hours** _____ **Projected Term** _____

Course Description: _____

Course 2#: _____ **Credit Hours** _____ **Projected Term** _____

Course Description: _____

Course 3#: _____ **Credit Hours** _____ **Projected Term** _____

Course Description: _____

*Please indicate if enrollment in any of the AIC courses will be during internship year

Additional Certificate Requirements:

Student Signature: _____ Date: _____

Graduate Advisor(s) Signature: _____ Date: _____