

**Misericordia University
Department of Psychology
Mental Health Interventions Specialization Curriculum Form**

Student Name: _____

Advisor Name: _____

Which focus are you completing?

____ Child Track ____ Adult Track

Anticipated completion date (month/year): _____

For each focus that you are completing, please indicate the semester and year of completion of each course.

CHILD FOCUS (15 CREDITS)

SEM	YEAR	COURSE #	COURSE NAME	CREDIT	SEM OFFERED	DONE (√)
		PSY 305	Psychopharmacology	3	Fall Spring (odd yrs)	
		PSY 315	Psychological Assessment	3	Fall (odd yrs)	
		PSY 275	Child and Adolescent Psychology	3	Fall/Spring/Sum	
		PSY 332	Child Psychopathology	3	Fall Spring (even yrs)	
		PSY 455	Child Interventions	3	Spring (even yrs)	

ADULT FOCUS (15 CREDITS)

SEM	YEAR	COURSE #	COURSE NAME	CREDIT	SEM OFFERED	DONE (√)
		PSY 305	Psychopharmacology	3	Fall Spring (odd yrs)	
		PSY 315	Psychological Assessment	3	Fall (odd yrs)	
		PSY 277	Adult Development and Aging	3	Fall/Spring	
		PSY 290	Psychopathology	3	Fall/Spring/Sum	
		PSY 452	Counseling and Psychotherapy	3	Spring (odd yrs)	

Student _____ Date _____ Director _____ Date _____

Email: _____

NOTE: ALL STUDENTS MUST COMPLETE A SPECIALIZATION DECLARATION FORM WHICH CAN BE FOUND ON JENZABAR OR AT THE REGISTRAR'S OFFICE