



**DOCTOR OF PSYCHOLOGY  
SCHOOL AND CHILD CLINICAL PSYCHOLOGY PROGRAM  
SELF-ANALYSIS OF TRANSCRIPT(S)**

Please review your transcript(s) and provide the following information.

**Part A**

List the name of each post-secondary institution you have attended and confirm that you have submitted a transcript. You must submit a transcript from each institution where you have taken a course. If you do not, your application will not be considered complete and will not be reviewed.

Name of Post-Secondary Institution	Transcript Submitted

**Part B**

Please choose one of the options below.

I have an undergraduate degree in psychology.

I am in the process of completing an undergraduate degree.

**Part C**

Please choose one of the options below.

I have completed a psychology honours thesis.

I am in the process of completing a psychology honours thesis as part of my degree.

I have written and submitted a thesis equivalent statement.

**Part D**

For each required area below, please list the name of the course(s) you have taken, your grade, and the institution(s) transcript the course(s) are listed on.

Required Area	Name of Course(s) and Grade	Institution(s)
Advanced Statistics		
Research Design and/or Research Methods		
Developmental		
Psychopathology and/or Abnormal Psychology		