

PLAN OF STUDY
M. A. Industrial/Organizational Psychology
ORIENTATION AND MOBILITY
LOUISIANA TECH UNIVERSITY

Name	Student ID	Date of Admission
Mailing Address	Language(s) or Proficiency Tools to be Used	
	Undergraduate Major	

SUBJECT & NUMBER	COURSE TITLE	WHEN OFFERRED	CREDIT HOURS	GRADE
REQUIREMENTS				
Psyc 516	Personnel Psychology		3	
Psyc 523	Leadership/Decision Making		3	
Psyc 517	Training & Development		3	
Psyc 513	Organizational Psychology		3	
Psyc 541	Research and Statistical Methods in Behavioral		3	
EdPsyc 580	Immersion in Blindness Practicum		6	
EdPsyc 582	Introduction to Orientation and Mobility		3	
Psyc 490	Social & Psychological Aspects of Blindness		3	
Psyc 580	Developmental Psychology of Blindness		3	
EdPsyc 581	Blindness Rehabilitation Systems & Issues		3	
EdPsyc 583	Advanced Orientation and Mobility		3	
EdPsyc 584	Internship in Orientation and Mobility		6	

- No grade below C and only 2 C's will count toward this degree (but all grades will be included in your average).
- A comprehensive examination must be successfully completed during the last quarter of the program.
- No deviation can be made from this Plan of Study without approval of the major advisor, and all relevant administrators (Department Head, Director of Graduate Studies, Dean).
- Courses NOT having your advisor's and other required approval may not count toward graduation.
- No transfer courses can be considered as part of the program without the consent of the major advisor, the Department Head, the Director of Graduate Studies, and the Dean.

List all transfer credit which is to be applied toward the degree.

Department and Number	Course Title	Name of Instructor	Credit	Grade

List all courses required to remove subject matter deficiencies.

Department and Number	Course Title	Name of Instructor	Credit	Grade

List all courses required to satisfy language and tool proficiency requirements.

Department and Number	Course Title	Name of Instructor	Credit	Grade

Signature of Student _____ Date _____

*Approved:

Major Advisor _____ Date _____

Department Head _____ Date _____

Director, Graduate Studies _____ Date _____

Dean of the College _____ Date _____

Received: Graduate Office _____ Date _____

***The student must achieve and maintain unconditional status in order for this Plan of Study to remain valid.**