SAN DIEGO STATE UNIVERSITY

Department of Counseling & School Psychology
Marriage & Family Therapy

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. Thank you.

Name:_____
First *Middle* *Last*

RED ID: _____

Additional Coursework

Please list any course you are currently taking.

Course Number and Title	Institution	Anticipated Date of Completion