



Yeshiva University

REGISTRAR • FERKAUF GRADUATE SCHOOL OF PSYCHOLOGY

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DECLARATION OF MINOR Addictions

Student's Name: _____ YU ID #: _____

Mailing Address: _____

Phone: _____ Email: _____

I am currently enrolled in the following program: (Master's students are not eligible for this minor)

Clinical Psychology School-Clinical Child Psychology Clinical Health Psychology

Checklist for an Addictions Minor:

| <u>Course Information</u> | <u>Semester Taken</u> |
|--|-----------------------|
| PSA 6484 Assessment and Treatment of Substance Use Disorders | _____ |
| PSH 6421 Health and Addictions | _____ |
| PSH 6284 Applied Statistics in Health | _____ |

Year-Long Clinical Externship with an Emphasis on Clinical Work in Addictions:

Site Name: _____

Start/End Date: _____

Addictions Research Project:

Title of Project: _____

Date Submitted: _____

Student's Signature: _____ Date: _____

For Office Use Only

Dr. Kate Walsh _____ Date: _____

Dr. Andrea Weinberger _____ Date: _____

Program Director _____ Date: _____