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:

<table>
<thead>
<tr>
<th>Course Information</th>
<th>Semester Taken</th>
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<tbody>
<tr>
<td>PSA 6484 Assessment and Treatment of Substance Use Disorders</td>
<td></td>
</tr>
<tr>
<td>PSH 6421 Health and Addictions</td>
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<tr>
<td>PSH 6284 Applied Statistics in Health</td>
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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: __________