DECLARATION OF MINOR
Child Clinical Psychology

Student’s Name: ___________________________________________ YU ID #: ______________________

Mailing Address: _____________________________________________________________________________

Phone: ___________________________ Email: _______________________________________________________

I am currently enrolled in the following program: (School-Clinical PsyD and Master’s students are not eligible for this minor)

Clinical Health Psychology ☐  Clinical Psychology ☐

Checklist for Child Clinical Psychology Minor:

<table>
<thead>
<tr>
<th>Course Information</th>
<th>Semester Taken</th>
</tr>
</thead>
<tbody>
<tr>
<td>PSS 6250 Developmental Psychopathology</td>
<td></td>
</tr>
<tr>
<td>PSS 6610 Introduction to Child Therapy</td>
<td></td>
</tr>
<tr>
<td>PSS 6213 Interventions for Youth I</td>
<td></td>
</tr>
<tr>
<td>PSS 6449 Interventions for Youth II</td>
<td></td>
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</tbody>
</table>

Year-Long Child Clinical Psychology Externship:

Site Name: _________________________________________________________________________________

Start/End Date: ____________________________________________________________________________

Student’s Signature: ___________________________________________ Date: ______________

For Office Use Only

Dr. Abraham Givner: ___________________________________________ Date: ______________

Program Director: _____________________________________________ Date: ______________