PRE-REQUISITE APPROVAL REQUEST FORM
University of Wisconsin – La Crosse MS Occupational Therapy
Abnormal Psychology (3 Credits)

Student Name:
Address:
Phone Number: Email Address:

Title/Course Number of course(s) to be evaluated:

College/University where taken:

Date Course Taken:

Number of credits: Semester or Quarter

Number of hours of lecture/week:

Be sure to email a copy of the course syllabus from the semester in which you took the course. ***Applicants must indicate on the syllabus where each topic is covered.*** If you have not taken this course yet, if possible, obtain a sample of the syllabus from the course instructor. At a minimum include the course description from the course catalog. Careful documentation and providing the syllabus will increase determining fulfillment requirements.

Courses evaluated as fulfilling the **abnormal psychology** requirements will need to cover the majority of the following topics. Please select the topics you believe your course covered:

- ☐ What is Abnormal?
- ☐ Historical Perspectives
- ☐ Contemporary Perspectives
- ☐ Classification, Assessment & Treatment
- ☐ Cultural Bound Syndromes
- ☐ Stress & Adjustment Disorders
- ☐ Mood Disorders
- ☐ Substance Abuse
- ☐ Eating & Sleeping Disorders
- ☐ Gender Sexuality
- ☐ Schizophrenia/Psychosis
- ☐ Personality Disorders
- ☐ Law and Mental Illness

OFFICE USE ONLY						
Request Complete:			Form Complete:	Syllabus Received:		
Date Received:			Date Reviewed:			
Action:	Approved __	Not Approved__	Reason:			
Student Notification			Date:	Email ___	Phone ___	Letter ___