

# MASTER OF EDUCATION IN COUNSELING AND DEVELOPMENT

## Clinical Mental Health Concentration

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NAME: \_\_\_\_\_ DATE ENTERED THE PROGRAM (MONTH/YEAR): \_\_\_\_\_

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ID: \_\_\_\_\_ COMPREHENSIVE EXAM (MONTH/YEAR): \_\_\_\_\_

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EMAIL: \_\_\_\_\_ ANTICIPATED COMPLETION (SEMESTER/YEAR): \_\_\_\_\_

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	COMP LETED	TRANS FERED
COURSE NUMBER AND TITLE		
<b>REQUIRED CORE [27 SH]</b>		
<i>CSDV 618 Addictions Counseling</i>	X	
<i>CSDV 601 Counseling Theories</i>	X	
<i>CSDV 602 Counseling Skills</i>	X	
<i>CSDV 603 Career and Lifestyle Development</i>	X	
<i>CSDV 605 Diversity Issues in Counseling</i>	X	
<i>CSDV 606 Group Counseling</i>	X	
<i>CSDV 614 Lifespan Developmental Counseling</i>	X	
<i>CSDV 607 Appraisal of the Individual</i>	X	
<i>EDUC 640 Educational Research, Design and Analysis</i>	X	
<b>SPECIALIZED STUDIES [21 SH]</b>		
<i>CSDV 604 Foundations and Ethical Issues in Clinical Mental Health Counseling</i>	X	
<i>CSDV 608 Loss, Grief, and Crisis Counseling</i>	X	
<i>CSDV 620 Clinical Psychopathology in Counseling</i>	X	
<i>CSDV 621 Diagnosis and Treatment Planning in Counseling</i>	X	
<i>CSDV 615C Clinical Mental Health Program Planning, Consultation, and Supervision</i>	X	
<i>CSDV 622 Counseling Children and Adolescents</i>	X	
<i>CSDV 623 Advanced Counseling Interventions</i>	X	
<b>PROFESSIONAL CLINICAL EXPERIENCES [12 SH]</b>		
<i>CSDV 610A Practicum I</i>	X	
<i>CSDV 610B Practicum II</i>	X	
<i>CSDV 611 Counseling Internship I</i>	X	
<i>CSDV 612 Counseling Internship II</i>	X	
<b>TOTAL PROGRAM HOURS [60 SEMESTER HOURS (SH)]</b>	<b>60</b>	
_____ 60 _____ Total:		

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STUDENT DATE

\_\_\_\_\_  
PROGRAM COORDINATOR/ADVISOR DATE

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DEPARTMENT CHAIR DATE

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DIRECTOR, GRADUATE STUDIES, COE DATE

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RECORDS AND REGISTRATION DATE