

MASTER OF EDUCATION IN COUNSELING AND DEVELOPMENT

Clinical Mental Health Concentration []

School Counseling Concentration []

NAME:	DATE ENTERED THE PROGRAM (MONTH/YEAR):
ID:	COMPREHENSIVE EXAM (MONTH/YEAR):
EMAIL:	ANTICIPATED COMPLETION (SEMESTER/YEAR):

TO BE SUBMITTED TO THE PROGRAM COORDINATOR IN THE FIRST OR SECOND ADVISING PERIOD PRIOR TO REGISTRATION

	SU 1	FA 1	SP 1	SU 2	FA 2	SP 2
COURSE NUMBER AND TITLE						
REQUIRED CORE [27 SH]						
<i>CSDV 600 Professional Identity and Ethics</i>						
<i>CSDV 601 Counseling Theories</i>						
<i>CSDV 602 Counseling Skills</i>						
<i>CSDV 603 Career and Lifestyle Development</i>						
<i>CSDV 605 Diversity Issues in Counseling</i>						
<i>CSDV 606 Group Counseling</i>						
<i>CSDV 614 Lifespan Developmental Counseling</i>						
<i>CSDV 607 Appraisal of the Individual</i>						
<i>EDUC 640 Educational Research, Design and Analysis</i>						
Approve Elective:						
SPECIALIZED STUDIES [21 SH]						
<i>CSDV 604 Foundations and Ethical Issues in Clinical Mental Health Counseling</i>						
<i>CSDV 613 Foundations and Ethical Issues in School Counseling</i>						
<i>CSDV 608 Loss, Grief, and Crisis Counseling</i>						
<i>CSDV 620 Clinical Psychopathology in Counseling</i>						
<i>CSDV 621 Diagnosis and Treatment Planning in Counseling</i>						
<i>CSDV 615C Clinical Mental Health Program Planning, Consultation, and Supervision</i>						
<i>CSDV 615S School Program Planning, Consultation, and Supervision</i>						
<i>CSDV 622 Counseling Children and Adolescents</i>						
<i>CSDV 623 Advanced Counseling Interventions</i>						
Approved Elective:						
PROFESSIONAL CLINICAL EXPERIENCES [12 SH]						
<i>CSDV 610A Practicum I</i>						
<i>CSDV 610B Practicum II</i>						
<i>CSDV 611 Counseling Internship I</i>						
<i>CSDV 612 Counseling Internship II</i>						
Approved Elective:						
TOTAL PROGRAM HOURS [60 SEMESTER HOURS (SH)]						
Total: _____						

ONLINE. IF REQUESTING A WAIVER, YOU MUST ATTACH AN OFFICIAL TRANSCRIPT, CATALOGUE COURSE DESCRIPTION, & SYLLABUS TO THIS FORM.

STUDENT	DATE	PROGRAM COORDINATOR/ADVISOR	DATE
DEPARTMENT CHAIR	DATE	DIRECTOR, GRADUATE STUDIES, COE	DATE
RECORDS & REGISTRATION	DATE		