M.S. PROGRAM IN COUNSELING: PROGRAM APPROVAL FORM

Student Name ________________________________ ID# ________________________________

Advisor Name ________________________________ Area of Specialization ___________________________

Deficiencies __________________________________________________________________________

Deficiencies Completed ___________________________________________________________________

Handbook/Ethics Verification Form: __________________________________________________________

Handbook/Ethics Verification Form: __________________________________________________________

MS COURSE REQUIREMENTS (Indicate semester completed. For electives, write in title, number and semester)

Year I, Fall I:
270-800: Theories 3cr_________________ 270-802: Groups 3cr_________________
270-801: Assessment 3cr_________________ 270-806: Pre-Practicum 3cr_________________
270-805: Techniques 3cr_________________ 270-865: Careers 3cr_________________
270-860: Multicultural 3cr_________________ 270-791/803: Pro-Seminar 3cr_________________

Summer I:
270-958 Psychopathology Diagnostic & Intervention 3cr____ 270-804: Research 3cr____ 270-850: Consultation 3cr____
(AODA Competency)

Year II, Fall II:
270-807: Practicum II 3-5cr________________ 270-808: Practicum III 3-5cr______________
270-825: Families 3cr_________________ 270-990: Thesis 1-4cr______________
Elective(s) 3cr_________________ Elective (Optional) 3cr________________

Summer II:
270-XXX Ethics 3cr____

Total Credits: ____________________________ (48 required)

Library Training: ________________________________________________________________

Writing Competency: ________________________________________________________________

Approved Program Variances: (Advisor initials required)

(Appropriate documentation of variances requiring Faculty approval should be included in student’s file.)

All coursework completed as above ________________________________

Master’s Thesis/project completed: ____________________________________________________

Portfolio Reviewed and Approved: __________________________________________________________

ALL PROGRAM REQUIREMENTS FOR MASTER’S DEGREE COMPLETED _____________________________

NOTE: Students who request transfer of credits and waiver of course requirements must seek approval of advisor/faculty and provide written approval on this form and/or evidence in their student record (file).