

DEPARTMENT OF COUNSELING, EDUCATIONAL LEADERSHIP AND SCHOOL PSYCHOLOGY
MASTER OF ARTS IN COUNSELING-WITH CONCENTRATION IN SCHOOL COUNSELING
Plan of Study

Name _____ **Telephone** _____
Address _____ **SS#** _____
Email _____ **Advisor** _____

Submit three copies of this form to your advisor after you have developed your 39 credit Plan of Study with her/his assistance.

A. **Core Concentration: (39 semester hours): The following courses are required:**

- ____ CEP 531: HUMAN DEVELOPMENT ACROSS CULTURES
- ____ CEP 532: THEORIES AND METHODS OF COUNSELING
- ____ CEP 534: QUANTITATIVE MEASUREMENT AND TEST INTERPRETATION
- ____ CEP 535: VOCATIONAL COUNSELING AND PLACEMENT
- ____ CEP 536: BIOLOGICAL PERSPECTIVES IN MENTAL HEALTH
- ____ CEP 537: INTRODUCTION TO GROUP COUNSELING
- ____ CEP 538: CLINICAL PRACTICUM I
- ____ CEP 540: CLINICAL PRACTICUM WITH CHILDREN IN SCHOOLS
- ____ CEP 541: CLINICAL INTERNSHIP IN SCHOOL COUNSELING I (3 CREDITS)
- ____ CEP 542: CLINICAL INTERNSHIP IN SCHOOL COUNSELING II (3 CREDITS)
- ____ CEP 549: FOUNDATIONS IN SCHOOL COUNSELING
- ____ CEP 553: COUNSELING CHILDREN AND ADOLESCENTS
- ____ CEP 554: RESEARCH METHODS IN APPLIED SETTINGS

- ____ COMPREHENSIVE EXAMINATION

B. Transfer-if applicable (6 credits maximum):

_____ Student's Signature	_____ Date	_____ Advisor's Signature	_____ Date
_____ Chair's Signature	_____ Date	_____ Associate Dean's Signature	_____ Date