

MASTER OF EDUCATION IN COUNSELING AND DEVELOPMENT

School Counseling Concentration

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

	COMP LETED	TRANS FERED
COURSE NUMBER AND TITLE		
REQUIRED CORE [27 SH]		
<i>CSDV 618 Addictions Counselings</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	
SPECIALIZED STUDIES [21 SH]		
<i>CSDV 613 FOUNDATIONS AND ETHICAL ISSUES IN SCHOOL 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 615S School Program Planning, Consultation, and Supervision</i>	X	
<i>CSDV 622 Counseling Children and Adolescents</i>	X	
<i>CSDV 623 Advanced Counseling Interventions</i>	X	
PROFESSIONAL CLINICAL EXPERIENCES [12 SH]		
<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	
TOTAL PROGRAM HOURS [60 SEMESTER HOURS (SH)]	60	
Total: _____60_____		

STUDENT

DATE

PROGRAM COORDINATOR/ADVISOR

DATE

DEPARTMENT CHAIR

DATE

DIRECTOR, GRADUATE STUDIES, COE

DATE

RECORDS AND REGISTRATION

DATE