

MASTER OF EDUCATION IN COUNSELING AND DEVELOPMENT

School Counseling Concentration

NAME: _____ DATE ENTERED THE PROGRAM (MONTH/YEAR): _____
 ID: _____ COMPREHENSIVE EXAM (MONTH/YEAR): _____
 EMAIL: _____@MAILBOX.WINTHROP.EDU ANTICIPATED COMPLETION (SEMESTER/YEAR): _____

	COMPL ETED	TRANSF ERED	GRADE	SEM HOURS
COURSE NUMBER AND TITLE				
REQUIRED CORE [24 SH]				
<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 607 Appraisal of the Individual</i>				
<i>CSDV 614 Lifespan Developmental Counseling</i>				
<i>EDUC 640 Educational Research, Design and Analysis</i>				
<i>Approve Elective:</i>				
SPECIALIZED STUDIES [24 SH]				
<i>CSDV 613 FOUNDATIONS AND ETHICAL ISSUES IN SCHOOL COUNSELING</i>				
<i>CSDV 608 Loss, Grief, and Crisis Counseling</i>				
<i>CSDV 618 Addictions Counseling</i>				
<i>CSDV 620 Clinical Psychopathology in Counseling</i>				
<i>CSDV 621 Diagnosis and Treatment Planning in Counseling</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>				
<i>Approved Elective:</i>				
PROFESSIONAL CLINICAL EXPERIENCES [12 SH]				
<i>CSDV 610A Counseling Practicum I</i>				
<i>CSDV 610B Counseling Practicum II</i>				
<i>CSDV 611 Counseling Internship I</i>				
<i>CSDV 612 Counseling Internship II</i>				
<i>Approved Elective:</i>				
TOTAL PROGRAM HOURS [60 SEMESTER HOURS (SH)]				
Total: _____				

PROGRAM COORDINATOR/ADVISOR DATE

DIRECTOR, GRADUATE STUDIES, COE DATE

RECORDS AND REGISTRATION DATE