***ONLINE Clinical Mental Health Counseling Fall Cohort Course Rotation - FULL TIME Students***

**Name: UIN:**

**Concentration: Clinical Mental Health Advisor:**

| **Fall 1** | **Spring 1** | **Summer 1** |
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| COUN 601 - SynchronousCOUN 633 - SynchronousCOUN 650 - Synchronous[*Responsible conduct of research training*](https://ww1.odu.edu/content/dam/odu/offices/research/docs/responsible-conduct-of-research-instructions.pdf) | COUN 634 - SynchronousCOUN 644 - SynchronousCOUN 680 - Synchronous*Complete growth group*[*Complete background check through the Office of Clinical Experiences*](https://www.odu.edu/clinical-experiences/placement/background-checks)*Attend P&I Orientation hosted by the Graduate Clinical Coordinator* | COUN 631 - AsynchronousCOUN 655 - AsynchronousElective - Asynchronous*Apply by August 1st for:**\* COUN 669: Practicum scheduled for Spring 2* *\* COUN 667: CMHC Internship scheduled for Summer 2* |
| **Fall 2** | **Spring 2** | **Summer 2** |
| COUN 645 - AsynchronousCOUN 648 - AsynchronousCOUN 685 - Asynchronous | COUN 669 - SynchronousCOUN 647 - AsynchronousFOUN 611 - Asynchronous*Apply by February 1st for:**\* COUN 667: CMHC Internship scheduled for Fall 3* | COUN 667 - SynchronousCOUN 691 - Asynchronous*Complete the comprehensive exam* |
| **Fall 3** |  |  |
| COUN 667 - Synchronous COUN 670 - SynchronousElective - Asynchronous[*Apply for graduation through the University Register*](https://ww1.odu.edu/academics/graduation-commencement/graduation/graduation-candidates) | **Elective Courses:** Trauma & Crisis Counseling - FallPlay Therapy - SpringHuman Sexuality - SummerIntegrated Beh. Health – Summer |  |

*Students: By signing my name, I’m agreeing that I have read and will abide by this plan of study, as well as my handbook. I understand that if I get off my cohort track it can impact my graduation date. I understand the key professional dispositions by which I will be evaluated.*

**Please note:** The asynchronous and synchronous formats can possibly be changed at the discretion of the DL program coordinator.

Student Signature: Date Completed:

Advisor Signature: Date Completed: