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

**Name: UIN:**

**Concentration: Clinical Mental Health Advisor:**

|  | ***Spring 1*** | ***Summer 1*** |
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|  | *COUN 601* - Synchronous*COUN 633* - Synchronous*COUN 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* - Synchronous*COUN 644* - Synchronous*COUN 655 -* Asynchronous*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**Apply by August 1st for:**\* COUN 669: Practicum scheduled for Summer 2*  |
| ***Fall 1*** | ***Spring 2*** | ***Summer 2*** |
| *COUN 631 -* Asynchronous*COUN 645* - Asynchronous*COUN 685* - Asynchronous | *COUN 648* - Asynchronous*COUN 680 -* Synchronous*FOUN 611 -* Asynchronous*Apply by February 1st for:**\* COUN 667: CMHC Internship scheduled for Fall 2* | *COUN 669 -* Synchronous*COUN 691* - Asynchronous*Apply by August 1st for:**\* COUN 667: CMHC Internship scheduled for Spring 3* |
| ***Fall 2*** | ***Spring 3*** |  |
| *COUN 667* - Synchronous *COUN 670* - Synchronous*Elective* - Asynchronous*Complete the comprehensive exam* | *COUN 667* - Synchronous*COUN 647 -* Asynchronous*Elective -* 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: