***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 - Fall  Play Therapy - Spring  Human Sexuality - Summer  Integrated 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: