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

**Name:**

**For Office/Advisor Use**

**Please initial and date when completed:**

***Initial Date***

*\_\_\_\_\_ \_\_\_\_\_ Students’ registration hold moved*

*\_\_\_\_\_ \_\_\_\_\_ Form scanned & emailed to student &*

 *advisor*

*\_\_\_\_\_ \_\_\_\_\_ Form saved to the K drive*

**UIN:**

**Concentration:**

**Advisor:**

|  |  |  |
| --- | --- | --- |
| **Fall 1** | **Spring 1** | **Summer 1** |
| COUN 601COUN 633COUN 650*Responsible conduct of research training* | COUN 634COUN 645COUN 680*Complete growth group**Complete background check through the Office of Clinical Experiences**Attend P&I Orientation hosted by the Graduate Clinical Coordinator* | COUN 631COUN 655FOUN 611*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 644COUN 648COUN 685 | COUN 669COUN 647Elective*Apply by February 1st for:**\* COUN 667: CMHC Internship scheduled for Fall 3* | COUN 667COUN 691*Complete the comprehensive exam* |
| **Fall 3** |  |  |
| COUN 667COUN 670Elective *Apply for graduation through the University Register* |  |  |

*Students: By signing my name, I’m agreeing that I have read and will abide by this 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.*

Student Name: Student Signature: Date:

Advisor Name: Advisor Signature: Date: