***Clinical Mental Health Counseling Fall Cohort Course Rotation - PART 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 633*Responsible conduct of research training* | COUN 634COUN 645*Complete growth group* | COUN 631FOUN 611*Complete background check through the Office of Clinical Experiences* |
| **Fall 2** | **Spring 2** | **Summer 2** |
| COUN 650COUN 685 | COUN 680COUN 648 | COUN 655Elective *Attend P&I Orientation hosted by the Graduate Clinical Coordinator**Apply by August 1st for:**\* COUN 669: Practicum scheduled for Spring 3* *\* COUN 667: Clinical Mental Health Counseling Internship scheduled for Summer 3* |
| **Fall 3** | **Spring 3** | **Summer 3** |
| COUN 644Elective  | COUN 669COUN 647*Apply by February 1st for:**\* COUN 667: Clinical Mental Health Counseling Internship scheduled for Fall 4* | COUN 667COUN 691*Complete the comprehensive exam* |
| **Fall 4** |  |  |
| COUN 667COUN 670*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: