***Clinical Mental Health Counseling Spring 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:**

|  |  |  |
| --- | --- | --- |
|  | ***Spring 1*** | ***Summer 1*** |
|  | *COUN 601**COUN 633**COUN 650**Responsible conduct of research training* | *COUN 634**COUN 645**COUN 655**Complete growth group**Complete background check through the Office of Clinical Experiences**Attend P&I Orientation hosted by the Graduate Clinical Coordinator**Apply by August 1st for:**\* COUN 669: Practicum scheduled for Spring 2*  |
| ***Fall 1*** | ***Spring 2*** | ***Summer 2*** |
| *COUN 631**COUN 644**COUN 685* | *COUN 648**COUN 680**FOUN 611**Apply by February 1st for:**\* COUN 667: CMHC Internship scheduled for Fall 2* | *COUN 669**COUN 691**Apply by August 1st for:**\* COUN 667: CMHC Internship scheduled for Spring 3* |
| ***Fall 2*** | ***Spring 3*** |  |
| *COUN 667**COUN 670**Elective* *Complete the comprehensive exam* | *COUN 667**COUN 647**Elective* *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: