**M.S.Ed. Plan of Study for the Counseling Graduate Program**

**ADMITTED BEFORE FALL 2022**

**Clinical Mental Health Counseling Concentration**

**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:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Subject** | **Number** | **Name** | **Credits** | **Date Taken** |
| 1. COUN
 | 601 | Principles of Professional Counseling and Ethics | 3 |  |
| 1. COUN
 | 633 | Counseling and Psychotherapy Techniques | 3 |  |
| 1. COUN
 | 650 | Theories of Counseling and Psychotherapy | 3 |  |
| 1. COUN
 | 634 | Advanced Counseling and Psychotherapy Techniques | 3 |  |
| 1. COUN
 | 644 | Group Counseling and Psychotherapy | 3 |  |
| 1. COUN
 | 645 | Testing and Client Assessment | 3 |  |
| 1. COUN
 | 648 | Foundations of Career Development | 3 |  |
| 1. COUN
 | 631 | Counseling for Lifespan Development | 3 |  |
| 1. COUN
 | 655 | Social and Cultural Issues in Counseling | 3 |  |
| 1. FOUN
 | 611 | Introduction to Research Methods in Education | 3 |  |
| 1. COUN
 | 669 | Practicum in Counseling | 3 |  |
| 1. COUN
 | 680 | Mental Health Counseling | 3 |  |
| 1. COUN
 | 685 | Diagnosis and Treatment Planning in Mental Health Counseling | 3 |  |
| 1. COUN
 | 647 | Addictive Disorders | 3 |  |
| 1. COUN
 | 667 | Internship in Mental Health Counseling | 3 |  |
| 1. COUN
 | 667 | Internship in Mental Health Counseling | 3 |  |
| 1. COUN
 | 691 | Family Systems and Family Development | 3 |  |
| 1. COUN
 | 670 | Introduction to Counseling Supervision | 3 |  |
| 1. COUN
 | Elective |  | 3 |  |
| 1. COUN
 | Elective |  | 3 |  |
|  |  | Growth Group  |  |  |
|  |  | Background Check |  |  |
|  |  | Responsible Conduct of Research training |  |  |
|  |  | Practicum & Internship Orientation  |  |  |
|  |  | Comprehensive Exam |  |  |

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

Student Name: Student Signature: Date:

Advisor Name: Advisor Signature: Date: