

### Counselor Education M.S. Plan of Study and Supervisory Committee

Student: \_\_\_\_\_ Student ID#: \_\_\_\_\_  
(Type Name)  
 \_\_\_\_\_  
(Signature) Specialization: School Counseling

Curriculum Category & Required Courses	Substitutions* <i>(See reverse side)</i>	Term Completed	Credits
<b>I. Human Growth &amp; Development</b>			
CNED 712 Dynamics of Self			3
CNED 734 Dynamics of Addiction			3
<b>II. Social and Cultural Foundations</b>			
CNED 716 Social & Cultural Found. of Counseling			3
<b>III. Helping Relationships</b>			
CNED 710 Counseling Techniques			3
CNED 711 Counseling Theory			3
CNED 732 Family Counseling			3
<b>IV. Groups</b>			
CNED 720 Group Counseling			3
<b>V. Career &amp; Lifestyle Development</b>			
CNED 714 Career Counseling			3
<b>VI. Appraisal</b>			
CNED 713 Assessment Techniques			3
<b>VII. Research &amp; Program Evaluation**</b>			
EDUC 703 Research, Measurement & Program Eval.			3
CNED 797 (Paper 3 cr.) -or- CNED 798 (Thesis 6 cr.)			
<b>VIII. Professional Orientation</b>			
CNED 715 Professional Orientation & Ethics			3
CNED 728 Guidance Administration & Consulting			3
CNED 729 Professional K-12 School Counseling			3
<b>IX. Practicum CNED 794A Practicum</b>			3
<b>X. Internship CNED 794B Internship</b>			4
<b>XI. Electives (courses must be approved by adviser)</b>			
	Total Credits Required = 48	Total Credits	

**\*\*PLEASE NOTE:** If a proposed graduate research project involves human or animal subjects, or biohazards, it must be submitted for review and approval by the Institutional Review Board (IRB), the Institutional Animal Care and Use Committee (IACUC), and/or the Institutional Biosafety Committee (IBC). The student should initiate this process after his or her supervisory committee has approved the final research design because IRB, IACUC, and IBC approval must be obtained before the research project commences.

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**Substitute Courses/Transfer Credits:** Those substitute/transfer courses marked with an \* on the reverse side **must** be listed here. Include the name of the institution. (Official transcripts showing completion of credit to be transferred from other institutions must be on file in the Graduate School PRIOR to approval of the Plan of Study.) The Supervisory Committee recommends the following substitute/transfer credits to satisfy degree requirements.

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Credit hours transferred to doctoral program (in semester credit hours): \_\_\_\_\_

**Approved by:**

Typed Names of Supervisory Committee

Signature

Department Name

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Approved by:

\_\_\_\_\_  
Department/Program Chair

\_\_\_\_\_  
Date

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**Student Services Associate Review**

**Approved by Graduate Dean**

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**Comprehensive Exam**

Date Taken

Pass / No Pass

Date of Retake

Pass/No Pass

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