

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

Student: \_\_\_\_\_ Student ID#: \_\_\_\_\_  
(Type Name)

\_\_\_\_\_  
(Signature) Specialization: Clinical Mental Health Counseling

Curriculum Category & Required Courses	Substitution* See reverse side	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 Foundations of Counsel			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
CNED 723 Psychopathology and Diagnosis for Counselors			3
CNED 863 Advanced Clinical Assessment Report Writing & Treatment Planning			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 735 Clinical Mental Health Counseling			3
CNED 730 Crisis and Trauma in Counseling Practice			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 Required Credits = 60	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.

**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 \_\_\_\_\_

Academic Dean \_\_\_\_\_

Date \_\_\_\_\_

Student Services Associate Review

Approved by Graduate Dean

Comprehensive Exam

Date Taken

Pass / No Pass

Date of Retake

Pass/No Pass

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8/21/2015