



**MASTER OF EDUCATION SCHOOL COUNSELING
PLAN OF STUDY**

Name: _____ Address: _____
 Student ID #: _____
 Email Address: _____
 Phone #: _____ Advisor: _____
 Catalog Year: _____ I have read the graduate catalog

COURSES	Credits	Grade	Term
I. Professional Core (6 Credits)			
_____ (Research**)	3	_____	_____
_____ (Hum Dev**)	3	_____	_____
II. School Counseling Core (8 Credits)			
SCOU 505 Theories of Counseling	3	_____	_____
SCOU 506 Practicum: Counseling and Therapy Techniques	1	_____	_____
SCOU 507 Ethical and Professional Issues for Counselors and Family Therapists	3	_____	_____
SCOU 508 Practicum: Multicultural and Gender Issues in Counseling and Family Therapy	1	_____	_____
III. Professional Specialization (21 Credits)			
_____ (Curr**)	3	_____	_____
SCOU 504 Career and Lifestyle Development	3	_____	_____
SCOU 520 Group and Individual Evaluation	3	_____	_____
SCOU 527 Counseling in the Elementary and Middle School	3	_____	_____
SCOU 554 Organization and Administration of School Counseling	3	_____	_____
SCOU 557 Group Process: Theory and Practice	3	_____	_____
SPED 540 Education of Exceptional Learners	3	_____	_____
IV. Internship and Capstone (13 Credits)			
SCOU 590 Internship School Counseling (Elementary)	6	_____	_____
SCOU 590 Internship School Counseling (Secondary)	6	_____	_____
SCOU 597 Capstone in School Counseling	1	_____	_____

Total Minimum Semester Credits 48

** Class selected in consultation with advisor

Advisor: _____ Date: _____
 Student: _____ Date: _____
 Chair: _____ Date: _____
 Dean: _____ Date: _____
 APPROVED: Director of Graduate Studies: _____ Date: _____

MASTERS DEGREE COMPLETION DATE: _____ SIX YEAR EXPIRATION _____