



**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
<b>I. Professional Core (6 Credits)</b>			
_____ (Research**)	3	____	____
_____ (Hum Dev**)	3	____	____
<b>II. School Counseling Core (8 Credits)</b>			
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	____	____
<b>III. Professional Specialization (21 Credits)</b>			
_____ (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	____	____
<b>IV. Internship and Capstone (13 Credits)</b>			
SCOU 590 Internship School Counseling (Elementary)	6	____	____
SCOU 590 Internship School Counseling (Secondary)	6	____	____
SCOU 597 Capstone in School Counseling	1	____	____
<b>V. Advanced Counseling Practicum (Credits)</b>			
SCOU 594 Clinic	6	____	____
SCOU 594 Clinic	6	____	____
<b>Total Minimum Semester Credits</b>			<b>60</b>

\*\* 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: \_\_\_\_\_