



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

Name: _____ Address: _____

Student ID #: _____

Email Address: _____ Advisor: _____

Catalog Year _____

I have read the graduate catalog

<u>COURSES</u>	<u>Credits</u>	<u>Grade</u>	<u>Term</u>
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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 Cnslng and Fam. Therapy	1	_____	_____

III. Professional Specialization (21 credits)

_____ (curr**)	_____	_____	_____
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	_____	_____

V. Additional Requirements for Licensure Only

HTH 412 Drugs and Alcohol or equivalent	_____	_____	_____
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**class selected in consultation with an advisor

Total Minimum Semester Credits	48
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Advisor: _____ Date: _____

Student: _____ Date: _____

Licensure Officer: _____ Date: _____

Chair: _____ Date: _____

Dean: _____ Date: _____

APPROVED: Director of Graduate Studies: _____ Date: _____

MASTERS DEGREE COMPLETION DATE: _____ SIX YEAR EXPIRATION: _____