

Counseling and Guidance – Clinical Mental Health Counseling

Graduate Program of Study

Instructions: (Must be typed)

1. Complete this program of study during your First Semester of work as a degree-seeking graduate student.
2. Have it approved by your Advisor(s), Graduate Program Representative, and School Dean before submitting it to the Graduate Office for processing.
3. Make certain that this program is consistent with the graduate degree (M.A., M.S., M.B.A., M.S.W.) major and concentration/emphasis (if applicable) listed on your admission form.

Name:		Student ID: @	
Mailing address:	City:	State:	Zip:
Phone:	Email address: :		
Concentration: Counseling and Guidance	Emphasis: Clinical Mental Health Counseling	Expected Graduation Date:	

Courses to be taken at Highlands University:

Dept.	Course No.	Title	Credit	Semester Taken	Grade
Counseling Content Area (Required of all students)					
COUN	601	Professional Orientation	3		
COUN	603	Theory and Practice of Career Development	3		
COUN	605	Pre-Practicum in Counseling Skills	3		
COUN	606	Theory and Principals of Individual Counseling	3		
COUN	607	Group Techniques of Counseling	3		
COUN	608	Appraisal of Individual, Group & Family	3		
COUN	611	Multicultural Counseling	3		
COUN	634	Practicum in Counseling	3		
COUN	698	Internship	3		
COUN	698	Internship	3		
Content Area Requirements			30		
Research and Methodology (required of all students)					
GNEED	605	Statistics for Education	3		
GNEED	610	Educational Research Interpretation	3		
Research and Methodology Requirements			6		
Emphasis Area in Professional Counseling					
COUN	610	Assessment & Treatment Planning in Counseling	3		
COUN	612	Mental Health Ethics, Law and Practice	3		
COUN	615	Family Counseling	3		
COUN	625	Counseling Across the Lifespan	3		
COUN	629	Trauma & Crisis Intervention	3		
Emphasis Area Requirements			15		
Elective 9 Credits (Electives selected with consent of student's adviser)					
			3		
			3		
			3		
Elective Requirements			9		
TOTAL CREDIT HOURS			60		

Courses to be transferred from another university: maximum 6 credits. Please attach Graduate Transfer Credit Form.					

I understand that the courses listed above represent my approved program of study for the master's degree. Any change to this program must be approved by the student, adviser(s), Graduate Program representative, school dean, and the Graduate Office.

Student Signature: _____

Date: _____

Program Approved: Adviser(s): Major: _____

Concentration/Emphasis: _____

Graduate Program Representative: _____

Date: _____

School Dean: _____

Date: _____

Graduate Office: _____

Date: _____