

**Graduate Program of Study
Counseling and Guidance – School Counseling**

Instructions: (Please type)

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#:		E-Mail Address:			
Concentration: Counseling and Guidance		Emphasis: School Counseling		Expected Graduation Date:	

Courses to be taken at New Mexico Highlands University:

Dept.	Course #	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 Principles of Individual Counseling	3		
COUN	607	Group Techniques of Counseling	3		
COUN	608	Appraisal of the Individual, Group & Family	3		
COUN	611	Multicultural Counseling	3		
COUN	634	Practicum in Counseling	3		
COUN	698	Internship	3		
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Content Area Requirements			30		
Research and Methodology (Required of all students)					
GNEB	605	Statistics for Education	3		
GNEB	610	Educational Research Interpretation	3		
Research and Methodology Requirements			6		
Emphasis Area in School Counseling					
COUN	602	Counseling Children and Adolescents	3		
COUN	615	Family Counseling	3		
COUN	620	Organization & Administration of School Counseling Programs	3		
Emphasis Area Requirements			9		
Elective 3 Credits (Elective selected with consent of student's advisor)					
			3		
Elective Requirements			3		
TOTAL CREDIT HOURS			48		

Courses to be transferred from another University: Maximum 6 credits. Please attach Graduate Transfer of Credit Form.					

I understand that the courses listed above represent my approved program of study for the Master's Degree. Any change in this program must be approved by the Student, Advisor(s), Graduate Program Representative, School Dean, and the Graduate Office.

Student Signature: _____ (Date) _____

Program Approved: Advisor(s): Major _____ Concentration/Emphasis _____

Graduate Program Representative _____ (Date) _____

School Dean _____ (Date) _____

Graduate Office _____ (Date) _____