## **Masters of Science in Counseling Proposed Program Plan**

College of Education, Health and Human Sciences Department of Counseling, Educational Psychology and Research

Clinical Mental Health Counseling Concentration (60 hours)

| Name:                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | UID:                                    | Date:           |                  |
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| Email: Alternate e                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Alternate em                            | ail:            |                  |
| Address:                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                         |                 |                  |
| City:                                                                                                                                       | State:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                         | Zip Code:       |                  |
| Primary phone                                                                                                                               | :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Alternate pho                           | one:            |                  |
|                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                         | Se              | mester           |
|                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                         | <b>Planned</b>  | <b>Completed</b> |
| CO                                                                                                                                          | RE REQUIREMENTS (36 ho                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | urs)                                    |                 |                  |
| COUN 7411<br>COUN 7531<br>COUN 7541<br>COUN 7551<br>COUN 7561<br>COUN 7710<br>COUN 7730<br>COUN 7750<br>COUN 7885<br>EDPR 7117<br>EDPR 7521 | Foundations of Counseling Group Counseling Processes Theories of Counseling & Per Assessment Techniques Career Counseling Clinical Techniques Alcohol & Drug Counseling Crisis Intervention Counseling Multicultural Counseling Legal and Ethical Issue in Counseling | ersonality  ng  ounseling ent  Research | 3<br>3<br>3<br> | OF<br>R          |
| COUN                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                         | 3               |                  |
| CONTENT                                                                                                                                     | SPECIFIC REQUIREMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | TS (6 hours)                            | _<br>_          |                  |
| COUN 7630<br>CPSY 7700                                                                                                                      | Clinical Mental Health Coun<br>Interventions for Mental Hea                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | _                                       | 3               |                  |
| CLINIC                                                                                                                                      | CAL FIELD PLACEMENT (1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 2 hours)                                | <u> </u>        |                  |
| COUN 7631<br>COUN 7632                                                                                                                      | Practicum in Mental Health ( Internship in Mental Health (                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                         | 3<br>9          |                  |

## **Masters of Science in Counseling Proposed Program Plan**

| Anticipated Date of Comprehensive Examination | n:    |
|-----------------------------------------------|-------|
| Anticipated Date of Graduation:               |       |
|                                               |       |
| This form was reviewed and approved by:       |       |
| Student:                                      | Date: |
| Advisor:                                      | Date: |
| Counseling Coordinator:                       | Date: |

