

MASTER OF ARTS IN COUNSELING PROGRAM PLAN – SCHOOL EMPHASIS 50 CR HRS

Department of Counseling, Oakland University

Date: _____

Name: _____

G _____

Address: _____

City: _____ Zip: _____

Phone Home/Work: ____ - ____ - ____

Cell: ____ - ____ - ____

Email: _____

Core Courses

24

COURSE	NUMBER	CR	SEM/ YR
Introduction to Counseling & Ethics	CNS 503	4	
Diversity and Social Justice Issues	CNS 504	4	
Clinical Counseling Skills <i>Pre-Req/Co-Req take year one.</i>	CNS 505	4	
Theories of Counseling and Psychotherapy	CNS 520	4	
Individual and Family Development	CNS 530	4	
Testing and Assessment	CNS 540	4	

Research and Clinical Courses

18

COURSE	NUMBER	CR	SEM/ YR
Career Dev. Theory & Practice	CNS 550	4	
Group Counseling (<i>see CNS 505</i>)	CNS 570	4	
Research in Counseling*	CNS 535	4	
<i>Introduction to School Counseling and Consultation *</i>	<i>CNS 562</i>	3	
<i>Advanced School Counseling *</i>	<i>CNS 563</i>	3	

Capstone Courses

8

COURSE	NUMBER	CR	SEM/ YR
Practicum in Counseling	CNS 664	4	
Internship in Counseling	CNS 665	4	

** Classes can be taken with Capstone Classes. **

TRANSFER CREDITS

COURSE	NUMBER	CR	SEM/ YR

ADVANCED SPECIALIZATION

COURSE	NUMBER	CR	SEM/YR

NOTES:

I have read and understand the OU Masters in Counseling Handbook and the policies and procedures established for the program.

STUDENT SIGNATURE:

_____ DATE: _____

ADVISOR SIGNATURE:

_____ DATE: _____

PROGRAM START DATE: ☐ Fall ☐ Winter ____ - ____ - ____

An approved **Petition of Exception** form signed by the Chair is required for any exception to prerequisites.

Students are responsible for all material in the Masters in Counseling Student Handbook.

Please forward your signed form to 450A Pawley Hall, and keep a signed copy for your records.