

MASTERS OF ARTS IN COUNSELING
PROGRAM PLAN – COMMUNITY EMPHASIS
 Department of Counseling, Oakland University

Name: _____ **Date:** _____
Address: _____ **City:** _____ **Zip:** _____
Phone Home/Work: _____ **Cell:** _____
Email: _____ **G Number:** _____

TRANSFER CREDITS

COURSE	NUMBER	CR	SEM/ YR

CORE REQUIREMENTS **20**

COURSE	NUMBER	CR	SEM/ YR
INTRO TO CNS COREQ: 510 PREREQ TO ALL CNS CLASS	CNS 500	2	
MULTICULTURAL CNS COREQ: 500 PREREQ TO ALL CNS CLASS	CNS 510	2	
THEORIES OF CNS	CNS 520	4	
DEVELOPMENTAL CNS	CNS 530	4	
TEST & ASSESSMENT IN CNS	CNS 540	4	
TECHNIQUES IN CNS	CNS 661	4	

SPECIALTY COURSES **Prereq Core 16**

COURSE	NUMBER	CR	SEM/ YR
CAREER DEVELOPMENT THEORY AND PRACTICE	CNS 640	4	
RESEARCH IN COUNSELING	CNS 660	4	
ELECTIVE (e.g. 573,577,578, 687,697)		4	
INTRO COMMUNITY COREQ: 574	CNS 564	2	
DIAGNOSIS /TREATMENT PLAN COREQ: 564	CNS 574	2	

CLINICAL COURSES **12**

COURSE	NUMBER	CR	SEM/ YR
GROUP COUNSELING PREREQ:661	CNS 663	4	
COUNSELING PRACTICUM PREREQ: 564/574,640,661,663	CNS 664	4	
INTERNSHIP IN COUNSELING PREREQ: ALL COURSE WORK	CNS 666	4	

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:** _____

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.**