

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

Name: _____
 Address: _____
 Home/Work: _____
 Email: _____

Date: _____
 City: _____ Zip: _____
 Cell: _____
 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 TO SCHOOL COREQ: 571	CNS 561	2	
CONSULTATION THEORY & PRACTICE COREQ: 561	CNS 571	2	

CLINICAL COURSES 12

COURSE	NUMBER	CR	SEM/ YR
GROUP COUNSELING PREREQ 661	CNS 663	4	
COUNSELING PRACTICUM PREREQ: 561/571,640,661,663	CNS 664	4	
INTERNSHIP IN COUNSELING PREREQ: ALL COURSE WORK	CNS 666	4	

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

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.

NOTE: Students who are not certified teachers
 must take the 12 credit Advanced Specialization in
 School Counseling to become eligible for the School
 Counseling License. Students who have completed all
 course work except for the internship and elective
 courses may be eligible for preliminary authorization
 for employment as a school counselor.