Name:

MASTER OF ARTS IN COUNSELING

PROGRAM PLAN - CLINICAL MENTAL HEALTH 60 CR. HRS.

Department of Counseling, Oakland University

Date:

G

Address: Phone Home/Work:					_ Zip: _		
				Cell:			
Email:							_
Core Courses			24	TRANSFER CRED	ITC		
COURSE	NUMBER	CR	SEM/ YR	TRANSFER CRED	NUMBER	CR	SEM/
Introduction to Counseling & Ethics	CNS 5050 (503)	4					YR
Diversity and Social Justice Issues	CNS 5060 (504)	4		ADVANCED SPEC	CIALIZATION		
Clinical Counseling Skills Pre-Req/Co-Req take year one.	CNS 5070 (505)	4		COURSE	NUMBER	CR	SEM/YF
Theories of Counseling and Psychotherapy	CNS 5080 (520)	4					
Individual and Family Development	CNS 5090 (530)	4					
Testing and Assessment	CNS 6010 (540)	4		NOTES:			
Research and Clinical Cou	ırses		24				
COURSE	NUMBER	CR	SEM/ YR	I have read and u	ndonstand the OI	Mast	ons in
Career Dev. Theory & Practice	CNS 6020 (550)	4		I have read and understand the OU Masters in Counseling Handbook and the policies and procedures established for the program.			
Group Counseling (see CNS 505)	CNS 6030 (570)	4		1	, ,	rogra	т.
Diagnosis and Case Conceptualization	CNS 6400 (580)	4		STUDENT SIGNA	ATURE:		
Mental Health Counseling	CNS 6500 (590)	4			DA	TE: _	
Elective – Research - Add	ictions		4	ADVISOR SIGNA	TURE:		
Can be taken with Capstone Cou		n & Int	ernship		DA	TE:	
COURSE	NUMBER	CR	SEM/YR		DA	. I E; _	
Elective *	TBD	4		PROGRAM STAR	T DATE: Fall Wi	nter	
Research in Counseling *	CNS 6000 (535)	4		An approved Petition of Exception form signed by the Chair is required for any exception to prerequisites.			
Addictions Counseling *	CNS 6600 (595)	4					
Capstone Courses			8	Students are responsi	ble for all material in ng Student Handboo		sters in
COURSE	NUMBER	CR	SEM/YR	Counsell	ing Student Mandbook	κ,	
Practicum in Counseling *	CNS 6960	4					

Please forward your signed form to 450J Pawley

Hall by the end of the first semester.

Please keep a signed copy for your records.

(664)

(665)

CNS 6950

Internship in Mental Health

Counseling *