

**MASTER OF ARTS IN COUNSELING
PROGRAM PLAN – CLINICAL MENTAL HEALTH 60 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	CNS5050 (503)	4	
Diversity and Social Justice Issues	CNS5060 (504)	4	
Clinical Counseling Skills <i>Pre-Req/Co-Req take year one.</i>	CNS5070 (505)	4	
Theories of Counseling and Psychotherapy	CNS5080 (520)	4	
Individual and Family Development	CNS5090 (530)	4	
Testing and Assessment	CNS6010 (540)	4	

Research and Clinical Courses **24**

COURSE	NUMBER	CR	SEM/YR
Career Dev. Theory & Practice	CNS6020 (550)	4	
Group Counseling (see CNS5070)	CNS6030 (570)	4	
Research in Counseling *	CNS6000 (535)	4	
<i>Diagnosis and Case Conceptualization</i>	<i>CNS6400 (580)</i>	4	
<i>Mental Health Counseling</i>	<i>CNS6500 (590)</i>	4	
<i>Addictions Counseling *</i>	<i>CNS6600 (595)</i>	4	

Electives **4**

COURSE	NUMBER	CR	SEM/YR
Electives *		4	

Capstone Courses **8**

COURSE	NUMBER	CR	SEM/YR
Practicum in Counseling	CNS6960 (664)	4	
Internship in Counseling	CNS6950 (665)	4	

Classes can be taken with Capstone Courses.

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 by the end of the first semester. Please keep a signed copy for your records.