

Name:__

M.S. Counselor Education – Option in School Counseling (60 S.H. required to complete the degree)

______ Phone:______ Date: ____

Address:			E-mail:		
OPEN TO STUDENT ACCEPTED TO PROGRAM OR BY PERMISSION OF CHAIR (15 S.H.)		FALL	SPRING	SUMMER	
ED 572 Career Education and Development	3				
ED 585 Introduction to Community and School Counseling	3				
ED 586 Theories of Counseling	3				
EPY 500 Human Growth and Development	3				
EPY 509 Exceptional Leaners	3				
OR STUDENTS ACCEPTED TO PROGRAM ONLY (45 S.H.)		FALL	SPRING	SUMMER	
D 587 Counseling Diverse Population	3				
PY 501 Counseling Skills and Helping Relationships	3				
PY 502 Career Readiness Planning	3				
PY 503 School Counseling Frameworks	3				
PY 504 School Counselors as Change Agents	3				
PY 507 Advanced Counseling Skills for School Counselors	3				
PY 600 Assessment for Counselors	3				
PY 601 Fundamentals of Statistics & Research Design	3				
PY 603 Group Work Foundation: Theory & Practice	3				
PY 609 Counseling People with Physical Disabilities	3				
PY 610 Practicum in School Counseling (*)	3				
PY 612 Internship in School Counseling	3				
PY 613 Internship in School Counseling	3				
PY 619 Crisis Counseling in the Community and School	3				
PY 625 Family Counseling in the Schools	3				
* Completion of all Core Course: ED 572, ED 585, ED 586, ED 587, EPY 500, EPY 501, EPY 509, EPY 609, EPY 619, and EPY 625	502, EP	Y 503, EPY 504,	EPY 507, EPY 509, EPY 600, EPY	Y 601, EPY 603,	
NOTES:					
he admission requirements have been explained to me and I understand my obligation t	to read t	the graduate ca	atalog.		
tudent Signature Date Coor	rdinator :	Signature		 Date 11/2	