M.A. / Counseling Psychology / Mental Health Counselor / 60 credits

TO BE SUBMITTED DURING THE THIRD TERM OF ENROLLMENT IN THE PROGRAM, PRIOR TO THE OPENING OF REGISTRATION FOR THE FOURTH TERM OF ENROLLMENT

NAME _______________________________________ Anticipated completion date ____________

BC ID ________________________________________ comprehensive exam date ________________

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<tr>
<th>COURSE NUMBER AND TITLE</th>
<th>CREDITS</th>
<th>SUMMER</th>
<th>FALL</th>
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* Insert a T (transfer) or W (waiver) as appropriate. If seeking a transfer of credits, you must also fill out a “transfer request form” available online. If requesting a waiver, you must attach an official transcript to this form.

STUDENT SIGNATURE ________________________________________ DATE ______________________________

APPROVAL

ADVISOR YES NO ________________________________________ NAME ____________________________ SIGNATURE ________________________________________

DEPT CHAIR YES NO ________________________________________ NAME ____________________________ SIGNATURE ________________________________________

3/07