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

**CLASS ENTERING 2015**

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

<table>
<thead>
<tr>
<th>NAME</th>
<th>ANTICIPATED COMPLETION DATE</th>
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<tbody>
<tr>
<td>BC ID</td>
<td>COMPREHENSIVE EXAMS DATE</td>
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## Course Number and Title

<table>
<thead>
<tr>
<th>Course Number and Title</th>
<th>Credits</th>
<th>Summer</th>
<th>Fall</th>
<th>Spring</th>
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<tbody>
<tr>
<td>APSY 7444 Theories of Personality and Counseling I</td>
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<td>APSY 7528 Multicultural Issues</td>
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<td>APSY 7605 Ethical and Legal Issues</td>
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<td>APSY 7748 Practicum in Counseling</td>
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<td>APSY 7661 Internship in Counseling II</td>
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<td>APSY 746012 Interpretation and Evaluation of Research: Topics in Mental Health Counseling**</td>
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<td>Electives (6):</td>
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**Total Credits**

| Credits | 60 |

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**Mental Health Counseling students should enroll in APSY 746012**

**Students will be considered full-time during the semester they are registered for EDUC/APSY/ERME/ELHE810001, Master’s Comprehensive Exam.**

ARE YOU CURRENTLY ENROLLED IN A BOSTON COLLEGE CERTIFICATE OR SPECIALIZATION PROGRAM? **YES** **NO**

IF YES, PLEASE LIST THE PROGRAM: ____________________________________________

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**STUDENT SIGNATURE**

**APPROVAL**

**ADVISOR**

**DATE**

**ASSOCIATE DEAN OF GRADUATE STUDIES**

**NAME**

**SIGNATURE**

**NAME**

**SIGNATURE**