

M.A. / Counseling Psychology / School Counseling

CLASS ENTERING 2009

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 _____
SEMESTER/YEAR

BC ID _____ COMPREHENSIVE EXAMS DATE _____
MONTH/YEAR

| COURSE NUMBER AND TITLE | CREDITS | SUMMER | FALL | SPRING | T/W* |
|--|---------|--------|------|--------|------|
| PY 440 Principles and Techniques of Counseling | 3 | | | | |
| <i>One of the following</i> <input type="checkbox"/> PY 418 Applied Child Development <input type="checkbox"/> PY 447 Applied Adolescent Development | 3 | | | | |
| PY 445 Child Psychopathology | 3 | | | | |
| PY 633 Impact of Psychosocial Aspects on Learning | 3 | | | | |
| PY 528 Multicultural Issues | 3 | | | | |
| PY 448 Career Counseling and Development | 3 | | | | |
| <i>One of the following</i> <input type="checkbox"/> PY 468 Introductory Statistics <input type="checkbox"/> PY 469 Intermediate Statistics <input type="checkbox"/> PY 460 Interpretation and Evaluation of Research | 3 | | | | |
| PY 540 Issues in School Counseling | 3 | | | | |
| PY 743 Counseling Families | 3 | | | | |
| PY 465 Psychological Testing | 3 | | | | |
| PY 648 Pre-Practicum Diversity and School Culture | 3 | | | | |
| PY 640 Group Counseling | 3 | | | | |
| <i>One of the following</i> <input type="checkbox"/> PY 643 Practicum in School Counseling (PreK-8) <input type="checkbox"/> PY 644 Practicum in School Counseling (5-12) | 3 | | | | |
| <i>One of the following</i> <input type="checkbox"/> PY 649 Practicum II (PreK-8) <input type="checkbox"/> PY 650 Practicum II (5-12) | 3 | | | | |
| PY 888 Masters Comprehensive Exam | 0 | | | | |
| Total credits | 42 | | | | |

* 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
DIRECTOR OF STUDENT SERVICES
YES _____ NO _____
NAME SIGNATURE

ASSOCIATE DEAN OF GRADUATE STUDIES
YES _____ NO _____
NAME SIGNATURE