

Ph.D. / Counseling Psychology

CLASS ENTERING 2018

TO BE SUBMITTED BY THE FALL SEMESTER OF THE 2ND YEAR

This Program of Study is to be used by those students entering the doctoral program **with or without** a Master’s degree in Counseling or a related area. Required courses must be taken as part of your graduate program to fulfill APA accreditation criteria.

In planning this Program of Study, you should plan in close collaboration with your faculty advisor. Together, you will review your previous graduate study and arrive at a sound professional training program conforming to the standards established by Boston College and the American Psychological Association.

NAME _____ ANTICIPATED COMPLETION DATE _____
SEMESTER/YEAR

BC ID _____ COMPREHENSIVE EXAMS DATE _____
MONTH/YEAR

Course Number and Title	Semester*	Grade**	Demonstrated Competency (only relevant for prerequisites)***	Credits (Ph.D.)	Credits (M.A.)
AREA A: PROFESSIONAL CORE					
APSY 9842 Seminar: Counseling Theory					
APSY 7743 Counseling Families ¹ or APSY 7640 Group Counseling ¹ (or equivalent)					
APSY 9840 Seminar: Professional Issues in Counseling Psychology					
APSY 9843 Seminar in Career Development					
APSY 9844 Seminar: Counseling Psychology in Context: Social Action, Consultation, and Collaboration					
APSY 8915 Critical Perspectives on the Psychology of Race, Class, and Gender					
AREA B: STATISTICS AND RESEARCH DESIGN					
APSY 7469 Intermediate Statistics ¹ <u>Prerequisite:</u> APSY 7468 Introductory Statistics					
APSY 8667 General Linear Models					
APSY 9841 Quantitative Research Design in Counseling and Developmental Psychology					
APSY 8851 Qualitative Research Methods					
Advanced Course in Statistics and Research Design (<i>insert course name and number below</i>) _____					
APSY 9941 Dissertation Seminar in Counseling/Developmental Psychology					
APSY 9988 Dissertation Direction					

Course Number and Title	Semester*	Grade**	Demonstrated Competency (only relevant for prerequisites)***	Credits (Ph.D.)	Credits (M.A.)
AREA C: PSYCHOLOGICAL MEASUREMENT					
APSY 8645 Advanced Psychological Assessment					
AREA D: PSYCHOLOGICAL FOUNDATIONS					
APSY 8741 Advanced Seminar in Psychopathology <u>Prerequisite:</u> APSY 7543 Psychopathology or equivalent					
APSY 8822 History of Psychology					
APSY 8745 Biological Bases of Behavior					
APSY 8917 Cognitive-Affective Bases of Behavior					
PSYC 5540 Advanced Topics: Social Psychology or equivalent					
AREA E: PRACTICUM					
APSY 984601 Advanced Counseling Practicum I					
APSY 984602 Advanced Counseling Practicum II					
APSY 8742 Advanced Clinical Case Consultation in Counseling Psychology (elective) (1 credit)					
AREA F: INTERNSHIP IN COUNSELING PSYCHOLOGY					
APSY 9849 Doctoral Internship in Counseling Psychology					
APSY 9901 Doctoral Comprehensive Exam					
Additional Courses (M.A. and Ph.D., not included in above list) 1. 2. 3.					

¹ If not previously taken.

*Indicate semester and year course was taken or will be taken. If course was waived or substituted with another course, attach "Transfer or Waiver Form."

** Grades are only needed for required courses.

***Attach documentation of competency signed by your advisor.

Residency Requirement (select one of the following options)

- I will take three or four graduate level courses for two consecutive semesters (fall and spring) in the academic year ____.
- I will take two graduate level courses and have a full time assistantship for two consecutive semesters (fall and spring) in the academic year ____.
- I will fulfill a minimum of three years of full time doctoral study.
- I will take two graduate level courses per semester for the academic year ____ while employed half time or more in a professional position relevant to the intended area of doctoral study. At least one course must be seminar based, linking theory, research, and practice in the intended area of doctorate.

Professional Position: _____

Courses: _____

I will petition the Associate Dean for an exception to the above options. (You must obtain prior approval for the exception from your academic advisor.)

Please detail in the space below how the exception fulfills the intent of residency requirement, or attach a statement.

Student _____ Date _____

Advisor _____ Date _____

Director of Training _____ Date _____

Dept. Chair _____ Date _____