

WESTERN NEW MEXICO UNIVERSITY
Degree Plan - Master of Arts in Counseling (0826)
School of Education

Student Name: _____ ID#: _____

Complete Mailing Address: _____ Telephone: _____

(incl street, city, state, zip) _____ Email Address: _____

Expected Completion: _____ Catalog Authority: _____ Advisor: _____
Letters of 1. _____ 2. _____ 3. _____

Reference: _____

Intake _____ Date Admitted to _____ Date Admitted to _____

Interview Date: _____ Grad School: _____ Counseling Program: _____

Select any that apply: ☐ NCC licensure ☐ NM Mental Health licensure ☐ NM School licensure

Mental Health Clinical Counseling (24)

<u>Course(Credits)</u>	<u>Sem/Year</u>	<u>Grade</u>	<u>Course(Credits)</u>	<u>Sem/Year</u>	<u>Grade</u>
COUN 500 Methods of Research (3)	_____	_____	COUN 527 Assessment/Individual (3)	_____	_____
COUN 501 Legal/Ethical/Prof Isss (3)	_____	_____	COUN 534 Life Themes & Stages (3)	_____	_____
COUN 502 Theories/Tech of Cou (3)	_____	_____	COUN 586 Voc Guid/Career Dev (3)	_____	_____
COUN 505 Multicultural Counseli (3)	_____	_____	COUN 596 Marriage & Fam Couns (3)	_____	_____

Substance Abuse Counseling (21)

CHDP 503 Adv Helping Skills (3)	_____	_____	CHDP/COUN 521 Dual Diagnosis	_____	_____
CHDP 504 Prof Princpls Substc A (3)	_____	_____	or COUN 523 Psychopathology Diagnostics	_____	_____
CHDP 523 Trauma & Addiction (3)	_____	_____	Course: _____ (3)	_____	_____
COUN 522 Substance Abuse Cou (3)	_____	_____	CHDP 587 Group Dynamics	_____	_____
COUN 588 Psychopharmacology for Counselors & Therapists	_____	_____	or COUN 587 Seminar in Group Process	_____	_____
or CHDP 565 Pharmacology	_____	_____	Course: _____ (3)	_____	_____
Course: _____ (3)	_____	_____			

Practicum and Internships (12)

COUN 581 Counseling Practicum (3)	_____	_____	or COUN 582 Intrnshp in Counselin (6)	_____	_____
COUN 582 Intrnshp in Counseling (9)	_____	_____	and CHDP 581 Intrnshp Chem Dep (3)	_____	_____

Guided Elective Course (3)

Choose one of the following: CHDP: 508, 565, 576, 581 or COUN: 525, 529, 555, 578, 588

Course: _____ (3) _____

Total Credit Hours _____	Exit Requirement (at least one is required):	CPCE <input type="checkbox"/>
(minimum of 60 required)	Other: _____	Written Comps <input type="checkbox"/>

Date Passed: _____

Copy to Registrar on: Date: _____ **Grad. Audit sent on:** Date: _____

Student Signature: _____ Date: _____

Advisor Signature: _____ Date: _____

Associate Dean, School of Education: _____ Date: _____

Dean, College of Professional Studies: _____ Date: _____

Dir of Graduate Division: _____ Date: _____

Note: All graduate credit, including transfer credit, must have been earned within the seven years prior to issuance of the graduate deg