## WESTERN NEW MEXICO UNIVERSITY

**Degree Plan - Master of Arts in Counseling (0826)** 

**School Counseling (0014)** 

**School of Education** 

Student Name:		ID#		
Complete Mailing Address:		Telephone:		
(incl street, city, state, zip)		Email Address:		
Expected Completion: Catalo	g Authority:	Advisor:		
Letters of 1.	2.	3.		
Reference:				
Intake Date Admitt	ed to	Date Admitted to		
Interview Date: Grad School	•	Counseling Program:		
Select any that apply: D NCC licensure		M Mental Health licensure	<b>NM School licens</b>	sure
Counseling Core Requirements (27 credit hours)				
Course(Credits) Sem/Year	Grade	<u>Course(Credits)</u>		Grade
COUN 500 Methods/Resrch (3)		COUN 527 Assessment/Individual		
COUN 501 Legal/Ethical/Prof Issu (3)		COUN 586 Voc Guide/Career Dev		
COUN 502 Theories/Tech of Coun (3)		COUN 579 Counseling Pre-Practicu	(3)	
COUN 505 Multicultural Counselii (3)		COUN 587 Sem/Group Process	(3)	
COUN 534 Life Theme and Stages (3)		L L		
School Counseling (24 credit hours)				
<u>Course(Credits)</u> <u>Sem/Year</u>	Grade	<u>Course(Credits)</u>	Sem/Year 0	Grade
COUN 522 Substance Abuse Coun (3)		COUN 588 Psychopharmacology fo		
COUN 523 Psychopath/Diagnostic (3)			(3)	
		COUN 596 Marriage & Fam Couns	(3)	
		Ũ	· · /	
COUN 555 School Counseling (3)		Elective (3 credits)		
<u> </u>		Course:	(3)	
<b>Practicum and Internship (9)</b>				
COUN 581 Counseling Practicum (3)		COUN 582 Internship in Counseling	(6)	
Total Credit Hours:	Exit Rea	uirement (at least one is requ	ired). CDCE	
(minimum of 60 required)	Other	-	Written Comps	
(minimum of oo required)	0 the		sed:	
Copy to Registrar on date:		Grad. Audit sent on date:		
Student Signature:		D	ate:	
Advisor Signature:			ate:	
			ate:	
Dean, College of Professional Studies:			ate:	
			ate:	
		D		

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