# Master of Science Clinical Rehabilitation and Mental Health Counseling Plan of Study

**Name:** ____________________________  **Address:** ____________________________

**Student ID #:** ____________________________  
**Email Address:** ____________________________  
**Advisor:** ____________________________

**Phone #:** ____________________________  **Catalog Year:** ____________________________

[ ] I have read the graduate catalog

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*All classes are on-line unless otherwise noted.*

## COURSES

Legend: *F = Fall  Sp = Spring  X = Summer  Years - Even and Odd*

<table>
<thead>
<tr>
<th>COURSES</th>
<th>Credits</th>
<th>Grade</th>
<th>Term</th>
</tr>
</thead>
<tbody>
<tr>
<td>REHA 501  Principles of Rehabilitation and Mental Health Counseling (F), (X-Even)</td>
<td>3</td>
<td>___</td>
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<tr>
<td>REHA 502  Individual and Family Response to Disability (Sp), (X-Even)</td>
<td>3</td>
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<tr>
<td>REHA 503  Psychiatric Rehabilitation (F)</td>
<td>3</td>
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<td>REHA 505  Theories of Counseling (F)</td>
<td>3</td>
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<tr>
<td>REHA 507  Professional Orientation and Ethical Practice (F), (X-Odd)</td>
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<tr>
<td>REHA 508  Multicultural/Gender Issues in Counseling (Sp - Live), (X-Odd)</td>
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<tr>
<td>REHA 515  Medical and Psychological Aspects of Disability (Sp), (X-Even)</td>
<td>3</td>
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<tr>
<td>REHA 517  Research and Program Evaluation (F)</td>
<td>3</td>
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<td>REHA 519  Human Growth &amp; Development (Sp)</td>
<td>3</td>
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<td>REHA 520  Group and Individual Evaluation (Sp-Odd/Live), (Sp-Even), (X-Odd)</td>
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<tr>
<td>REHA 521  Advanced Individual Counseling (F-Even), (F-Odd/Live)</td>
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<tr>
<td>REHA 523  Advanced Group Counseling (Sp-Live), (X-Live - 1 week session)</td>
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<tr>
<td>REHA 525  Career Development, Placement, and Support (F)</td>
<td>3</td>
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<tr>
<td>REHA 560  DSM-5 for Rehabilitation and Mental Health Counselors (F-Live), (Sp)</td>
<td>3</td>
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</tbody>
</table>

## Required Clinical Work

<table>
<thead>
<tr>
<th>COURSES</th>
<th>Credits</th>
<th>Grade</th>
<th>Term</th>
</tr>
</thead>
<tbody>
<tr>
<td>REHA 590  Prepracticum for Rehabilitation and Mental Health Counseling (F-Live), (X-Live - 1 week session)</td>
<td>3</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>REHA 594  Counseling Practicum (F-Live), (Sp-Live), (X-Live)</td>
<td>3</td>
<td>___</td>
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<tr>
<td>REHA 596  Cooperative Education/Internship (F-Live), (Sp-Live)</td>
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</tbody>
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**Total Minimum Semester Credits:** 60

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**Advisor:** ____________________________  **Date:** ____________________________

**Student:** ____________________________  **Date:** ____________________________

**Chair:** ____________________________  **Date:** ____________________________

**Dean:** ____________________________  **Date:** ____________________________

**APPROVED: Director of Graduate Studies:** ____________________________  **Date:** ____________________________

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**Masters Degree Completion Date:** ____________________________  **Six Year Expiration:** ____________________________