



**MASTER OF EDUCATION SCHOOL COUNSELING  
PLAN OF STUDY**

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 Student ID #: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Advisor: \_\_\_\_\_  
 Catalog Year: \_\_\_\_\_  I have read the graduate catalog

COURSES		Credits	Grade	Term
<b>I. Professional Core (6 Credits)</b>				
_____	(Research**)	3	_____	_____
_____	(Hum Dev**)	3	_____	_____
<b>II. School Counseling Core (8 Credits)</b>				
SCOU 505 Theories of Counseling		3	_____	_____
SCOU 506 Practicum: Counseling and Therapy Techniques		1	_____	_____
SCOU 507 Ethical and Professional Issues for Counselors and Family Therapists		3	_____	_____
SCOU 508 Practicum: Multicultural and Gender Issues in Counseling and Family Therapy		1	_____	_____
<b>III. Professional Specialization (21 Credits)</b>				
_____	(Curr**)	3	_____	_____
SCOU 504 Career and Lifestyle Development		3	_____	_____
SCOU 520 Group and Individual Evaluation		3	_____	_____
SCOU 527 Counseling in the Elementary and Middle School		3	_____	_____
SCOU 554 Organization and Administration of School Counseling		3	_____	_____
SCOU 557 Group Process: Theory and Practice		3	_____	_____
SPED 540 Education of Exceptional Learners		3	_____	_____
<b>IV. Internship and Capstone (13 Credits)</b>				
SCOU 590 Internship School Counseling	(Elementary)	6	_____	_____
SCOU 590 Internship School Counseling	(Secondary)	6	_____	_____
SCOU 597 Capstone in School Counseling		1	_____	_____
<b>V. Advanced Counseling Practicum (Credits)</b>				
SCOU 594 Clinic		6	_____	_____
SCOU 594 Clinic		6	_____	_____
<b>Total Minimum Semester Credits</b>		<b>60</b>		

\*\* Class selected in consultation with advisor

Advisor: \_\_\_\_\_ Date: \_\_\_\_\_  
 Student: \_\_\_\_\_ Date: \_\_\_\_\_  
 Chair: \_\_\_\_\_ Date: \_\_\_\_\_  
 Dean: \_\_\_\_\_ Date: \_\_\_\_\_  
 APPROVED: Director of Graduate Studies: \_\_\_\_\_ Date: \_\_\_\_\_

MASTERS DEGREE COMPLETION DATE: \_\_\_\_\_ SIX YEAR EXPIRATION: \_\_\_\_\_