

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: _____ Catalog Authority: 2010-11 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

Counseling Core Requirements (60)

<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 578 Topics in Counseling (3 credits total needed)		
COUN 501 Legal/Ethical/Prof Issues (3)	_____	_____	_____ () _____		
COUN 505 Multicultural Counseling (3)	_____	_____	_____ () _____		
COUN/CHDP 521 Dual Diagnosis			_____ () _____		
or COUN 522 Substance Abuse Cns (3)	_____	_____	COUN 579 Counseling Pre-Practicum (3)	_____	_____
COUN 523 Psychopath/Diagnostics (3)	_____	_____	COUN 581 Counseling Practicum (3)	_____	_____
COUN 525 Chld/Adolesc Dev/Couns (3)	_____	_____	COUN 582 Internship in Counseling (9 credits total needed)		
COUN 527 Assessment/Individual (3)	_____	_____	_____ () _____		
COUN 529 Grief/Loss/Trauma (3)	_____	_____	_____ () _____		
COUN 531 Theories/Tech of Couns (3)	_____	_____	_____ () _____		
COUN 532 Program Dev & Mgmt			COUN 586 Voc Guid/Career Dev (3)	_____	_____
or COUN 555 School Counseling (3)	_____	_____	COUN 587 Seminar-Group Process (3)	_____	_____
COUN 534 Life Themes & Stages (3)	_____	_____	COUN 596 Marriage & Fam Couns (3)	_____	_____

Additional Graduate Courses (if needed)

Course: _____ () _____ Course: _____ () _____
 Course: _____ () _____ Course: _____ () _____

Total Credit Hours: _____ **Exit Requirement (at least one is required):** CPCE
 (minimum of 60 required) **Other:** _____ **Written Comps**

Date Passed: _____

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

Student Signature: _____ Date: _____

Advisor Signature: _____ Date: _____

Dean, School of Education: _____ Date: _____

**Assoc VP Academic Affairs/
 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 degree.