

WESTERN NEW MEXICO UNIVERSITY
Degree Plan - Master of Arts in Counseling (0826)
Substance Abuse Counseling (0015)
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

Counseling Core Requirements (27 credit hours)

<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/Resrch (3)	_____	_____	COUN 527 Assessment/Individual (3)	_____	_____
COUN 501 Legal/Ethical/Prof Isss (3)	_____	_____	COUN 586 Voc Guide/Career Dev (3)	_____	_____
COUN 502 Theories/Tech of Cou (3)	_____	_____	COUN 579 Counseling Pre-Practicu (3)	_____	_____
COUN 505 Multicultural Counseli (3)	_____	_____	COUN 587 Sem/Group Process or CHDP 587 Group Dynamics	_____	_____
COUN 534 Life Theme and Stage (3)	_____	_____	Course: _____ (3)	_____	_____

Substance Abuse Counseling (24)

<u>Course(Credits)</u>	<u>Sem/Year</u>	<u>Grade</u>	<u>Course(Credits)</u>	<u>Sem/Year</u>	<u>Grade</u>
CHDP 503 Adv Helping Skills (3)	_____	_____	COUN 588 Psychopharmacology/Coun/Thrpsts or CHDP 565 Pharm	_____	_____
CHDP 504 Prof Princpls Substc A (3)	_____	_____	Course: _____ (3)	_____	_____
CHDP 508 Ann.Alcohol/Drug Ir (3)	_____	_____			
CHDP 523 Trauma/Addiction (3)	_____	_____	Elective (6 credits)		
CHDP 521 Dual Diagnosis or COUN 523 Psychopath/Diagnostics	_____	_____	Course: _____ (3)	_____	_____
Course: _____ (3)	_____	_____	Course: _____ (3)	_____	_____

Practicum and Internship (9)

COUN 581 Counseling Practicum (3) _____ CHDP 581 Internship in Cheml Dep (6) _____

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:** _____

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 degi