

WESTERN NEW MEXICO UNIVERSITY
Degree Plan - Master of Arts in Counseling (0826)
Mental Health/Rehabilitation Counseling (0019)
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 CRC

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 Isst (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 (3)	_____	_____
COUN 534 Life Theme and Stage (3)	_____	_____			

Mental Health/Rehabilitation Counseling (24)

<u>Course(Credits)</u>	<u>Sem/Year</u>	<u>Grade</u>	<u>Course(Credits)</u>	<u>Sem/Year</u>	<u>Grade</u>
COUN 522 Substance Abuse Cou (3)	_____	_____	RHAB 500 Foundtn/Ethics Rehab C (3)	_____	_____
COUN 523 Psychopath/Diagnosti (3)	_____	_____	RHAB 501 Med/Psychosocial Disab (3)	_____	_____
COUN 525 Chld/Adolesc Dev/Co (3)	_____	_____	RHAB 502 Case Mgmt/Comm Partn (3)	_____	_____
COUN 529 Grief/Loss/Trauma (3)	_____	_____	RHAB 503 Job Developmnt/Placem (3)	_____	_____

Practicum and Internship (9)

COUN 581 Counseling Practicum (3) _____ COUN 582 Internship in Counseling (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 deg