

WESTERN NEW MEXICO UNIVERSITY
Degree Plan - Master of Arts in Counseling
School of Education

Student Name: _____ SSN# _____

Mailing Address: _____ Telephone: _____

Email Address: _____ Catalog Authority: 2003-04 Advisor: _____

Letters of Reference: 1. _____ 2. _____ 3. _____

Intake Interview Date: _____ Date Admitted to Graduate School: _____ Date Admitted to Counseling Program: _____

Select any that apply: NCC licensure NM Mental Health licensure NM School licensure

Prerequisite Courses (9)*

Graduate Core (12)

<u>Course(Credits)</u>	<u>Sem/Year</u>	<u>Grade</u>	<u>Course(Credits)</u>	<u>Sem/Year</u>	<u>Grade</u>
PSY 412/512 Psychopathology	(3) _____	_____	COUN 500 Methods of Research	(3) _____	_____
PSY 420/520 Diagnostics & Eval	(3) _____	_____	COUN 501 Intro Profession of Coun	(3) _____	_____
PSY 425/525 Theories of Personality	(3) _____	_____	COUN 505 Multicultural Counseling	(3) _____	_____
			COUN 507 Internshp in Counseling	(3) _____	_____

* If prereq. courses were taken at the undergraduate level, students must take an additional 9 graduate hours for NBCC certification

Counseling Core Requirements (27)

<u>Course(Credits)</u>	<u>Sem/Year</u>	<u>Grade</u>	<u>Course(Credits)</u>	<u>Sem/Year</u>	<u>Grade</u>
COUN 531 Theories/Tech of Couns	(3) _____	_____	COUN 581 Adv Intern in Couns	(6) _____	_____
COUN 532 Program Dev & Mgmt	(3) _____	_____	COUN 586 Voc Guid/Career Dev	(3) _____	_____
COUN 534 Life Themes & Stages	(3) _____	_____	COUN 587 Seminar-Group Process	(3) _____	_____
COUN 535 Topics in Counseling	(3) _____	_____	COUN 596 Marriage & Fam Couns	(3) _____	_____

Additional Graduate Courses (if needed)

<u>Course(Credits)</u>	<u>Sem/Year</u>	<u>Grade</u>	<u>Course(Credits)</u>	<u>Sem/Year</u>	<u>Grade</u>
Course: _____	() _____	_____	Course: _____	() _____	_____
Course: _____	() _____	_____	Course: _____	() _____	_____

Total Credit Hours: _____ **Exit Requirements:** _____ **Praxis Exam** _____ **Date Passed:** _____
 (minimum of 48 required) **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:** _____

**VP of Academic Affairs/
 Dean 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.