

PLANNED PROGRAM FORM

EASTERN KENTUCKY UNIVERSITY

Graduate School Coates CPO 5A, 521 Lancaster Ave.

Richmond, KY 40475-3102

(606) 622-1743

(Student's Name) (Student ID .No.) (Street) (City) (State) (Zip)

Degree M.A. with an emphasis in MENTAL HEALTH COUNSELING (GF3) Advisor: _____

Course Number and Title Credit Hours Grade Date Completed Changes / Comments

***COU 813, 840 and 846 from the list below should be the first courses completed.**

* COU 813 Professional Orientation & Ethics in Counseling*	3		/	/
* COU 840 Counseling Theory and Practice*	3		/	/
COU 846 Process and Basic Techniques of Counseling	3		/	/
COU 820 Group Counseling	3		/	/
COU 803 Mental Health Counseling	3		/	/
COU 822 Lifestyle and Career Counseling	3		/	/
COU 847 Crisis and Abuse Counseling	3		/	/
COU 848 Child and Adolescent Counseling	3		/	/
COU 849 Addiction Disorders Counseling	3		/	/
COU 850 Family Counseling	3		/	/
COU 855 Diagnosis and Treatment in Counseling	3		/	/
COU 804 Counseling Diverse Populations	3		/	/
COU 881 Internship in Counseling	3		/	/
COU 880 Counseling Practicum	3		/	/
(**Completion of 900 hours required) Internship can be taken for up to 3 consecutive semesters for up to 9 credit hours with additional internship hours above the first 3 counting toward the standard certificate)				
EPY 816 Test and Measurements	3		/	/
EPY 869 Research in Education	3		/	/
EPY 839 Human Development and Learning	3		/	/

ELECTIVES:

COU 881 Counseling Internship **	3		/	/
COU 851 Counseling GLBT Clients	3		/	/
COU 852 The Counseling Process in Grief and Loss	3		/	/
COU 853 The Counseling Process in Clinical Human Sexuality	3		/	/
COU 891 Issues and Trends in Counseling	3		/	/

See Chair or advisor for any additional approved electives.

TOTAL GRADUATE PROGRAM HOURS 60

TIME LIMIT: Program must be completed by 10 years _____ to avoid losing course credits. Requirements for the Master's program must be completed within seven years from date of initial registration.

NOTE: Any changes or substitutions made on your planned program, **including any transfer work**, must be accomplished by a Curriculum Change form signed by your Advisor, Department Chair, Academic Dean and Graduate Dean.

Adviser _____ Date _____ Student _____ Date _____