RHODE ISLAND COLLEGE

PLAN OF STUDY

FEINSTEIN SCHOOL OF EDUCATION AND HUMAN DEVELOPMENT

GRADUATE STUDIES

Name ID# Date

Email Phone

Department \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program: Certificate of Graduate Studies in Advanced Counseling

Please submit a signed original to the Feinstein School of Education and Human Development (FSHED) Graduate Studies Office. Students should complete this form with the assistance of and approval of the Graduate Advisor. Although an applicant may be recommended for acceptance to a graduate program, the applicant cannot be considered an officially accepted degree candidate until an approved Plan of Study is on file in the FSEHD Graduate Studies Office. Changes in the Plan of Study can be made with the graduate advisor’s approval by completing the Change of Plan of Study Form.

Please submit this form to your advisor after you have developed your Plan of Study with his/her assistance.

Prerequisites ***A*.** ***PRACTICUM COMPONENT***

\_\_\_\_ CEP 683: Practicum III: Advanced Counseling Skills (539) 3

\_\_\_\_ CEP 684: Practicum IV: Advanced Clinical Interventions (683) 3

***B. INTERNSHIP COMPONENT***

\_\_\_\_ CEP 610: Advanced Clinical Internship I (684) 3

\_\_\_\_ CEP 611: Advanced Clinical Internship II (610) 3

***C. Elective***

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TOTAL 15

***D. Additional Courses selected for LMHC licensing***

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Additional Course Total:

Total Credits: \_\_\_\_

Student Date

Advisor Date

Program Director \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department Chairperson Date

Director of Graduate Studies Date