



PLAN OF STUDY
FEINSTEIN SCHOOL OF EDUCATION AND HUMAN DEVELOPMENT
GRADUATE STUDIES

Name _____ ID# _____ Date _____

Email _____ Phone _____

Department _____

Program: M.S. in CLINICAL MENTAL HEALTH 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 adviser after you have developed your 60 credit Plan of Study with his/her assistance.

Table with 4 columns: Course ID, Course Name, Prerequisites, Credits. Rows include CEP 509 through CEP 656 under the Foundations Component (39 credits).

Table with 4 columns: Course ID, Course Name, Prerequisites, Credits. Rows include CEP 538 through CEP 684 under the Practicum Component (12 credits).

Table with 4 columns: Course ID, Course Name, Prerequisites, Credits. Rows include CEP 610 and CEP 611 under the Internship Component (6 credits).

Table with 4 columns: Course ID, Course Name, Prerequisites, Credits. Row for ELECTIVES (3 credits) and a TOTAL row showing 60 credits.

Comprehensive Examination

Courses Transferred? YES _____ NO _____ Total Credits Transferred _____

(If so, form attached)

Student _____ Date _____

Advisor _____ Date _____

Program Director _____ Date _____

Department Chairperson _____ Date _____

Director of Graduate Studies _____ Date _____
