Graduate Degree Plan

Western Illinois University
School of Graduate Studies

Name: _____ WIU ID No.:_____
(For security purposes do not enter Social Security Number)

Present mailing address: _____ Phone: _____

Degree sought: M.S.Ed. in Counseling Major: Clinical Mental Health Counseling Option/Emphasis: _____

Date of oldest WIU graduate course listed on degree plan: Semester: _____ Year: _____ Catalog year: 2018-2019

Graduate Degree Requirements

Dept.	No.	Title	SH	Gr.	Instructor	Dept.	No.	Title	SH	Gr.	Instructor
CN	515	Research	3			CN	604	Psychopath/phar	3		
CN	500	Pre-Practicum	3								
CN	519	Crisis and Trauma	3								
CN	540	Marriage & Family	3								
CN	541	Lifestyles & Career	3								
CN	542	Assessment	3								
CN	545	Theories	3								
CN	547	Techniques	3								
CN	549	Legal and Ethical	3								
CN	552	Multicultrual	3								
CN	554	Lifespan	3								
CN	581	Group Counseling	3								
CN	591	Practicum	3								
CN	597	Internship I	3			Total semester hours:			60		
CN	598	Internship II	3			Deficiency courses (if any):					
CN	600	Diagnosis	3								
CN	655	Comp. Exam	0								
CN	520	Foundations	3								
CN	521	Standards of Care	3								
CN	551	Couns. Addictions	3								

Thesis/Dissertation Supervisor (please print)_____ Student's signature/Date: _____

STUDENTS - DO NOT WRITE BELOW THIS LINE

Candidacy/Degree Plan Approval

Adviser's signature/Date: _____

Grad Committee Chair's signature/Date: _____

Committee Member's signature/Date: _____

Committee Member's signature/Date: _____

School of Graduate Studies/Date: _____

Degree Clearance/Date:

Graduation Application _____

T/D (if required) _____

Graduate Studies: _____

Western Illinois University
School of Graduate Studies
1 University Circle, Macomb, IL 61455-1390
(309)298-1806 Fax: (309)298-2345
wiu.edu/grad Email: Grad-Office@wiu.edu

Form will not be processed without signatures. Complete this form and submit to your adviser upon completion of 21 semester hours of WIU graduate work.

9-17-14

Reset