TROY UNIVERSITY
Education Specialist: Community Counseling **NON-CERTIFICATION PROGRAM**
Graduate Degree Plan and Progress Record/
Application for Admission to Candidacy
30 Semester Hour Program

Name_____ Student ID #_____ Campus _____

Address _____ Email _____

Copy of transcript must be attached. May not use "Student Academic Credits" or "Academic Evaluation" report.

DEGREE REQUIREMENTS:

1. GRE, or equivalent exam, test scores submitted
2. Official transcript of all academic work
3. Unconditional Admission
4. 36 semester hours of credit
5. Meet residency requirements
6. No more than two grades below "B"
7. Overall GPA of 3.0
8. Completion of research requirement with a "B" or better
9. All credit earned within 8 years of graduation
10. Admission to Candidacy
11. Successfully complete field project/thesis/comps
12. Intent to Graduate filed

REQUIRED CORE COURSES: (15-18 Semester Hours)

COURSE NO	TITLE	HRS	GRADE	TERM/YR	TRANSFER CREDIT
CP 7702	Advanced Theories & Techniques of Counseling	3			
CP 7700	Advanced Practicum in Group Leadership	3			
CP 7753, 54, 55	Internship: Advanced Counseling (1-6 SH)				
CP 7791, 92, 93	Research Seminar (3-6 SH)				
CP 7794, 95	Field Project OR Thesis (3-6 SH)				

APPROVED ELECTIVES: (15-18 Semester Hours) All coursework applied to the Ed.S. Degree must be earned at the 6000 level or above.

ITEMS TO BE DISCUSSED:

_____ 1. One term limit to have transcript(s) and test scores on file
_____ 2. Temporary, Conditional, and Unconditional Admission
_____ 3. Availability of faculty for academic advising
_____ 4. Petition for transfer credit once unconditionally admitted
_____ 5. Class Attendance
_____ 6. Drop and Withdrawal procedures; deadline and consequences
_____ 7. Petition for an Incomplete grade
_____ 8. Student participation in course and Program Evaluation
_____ 9. Other _____

Admission Status		
Type	Date	Initials
Conditional		
Unconditional		
Residency		
Test Score		
Comps		

STUDENT ACKNOWLEDGEMENT: I have read the current year's Graduate Catalog and acknowledge the contents and requirements of the above program. I have received academic advising from my Faculty Advisor, and I hereby apply for Admission to Candidacy.

_____
Student's Signature Date

_____
Faculty Advisor Date

APPROVED: _____
Chair/Associate Dean or Dean Date

CANDIDACY
APPROVED: _____
Dean, Graduate School Date

Distribution: Pink –Student
Yellow – Faculty Advisor
White – Official File

Revised: 9-7-05
TROY Publications 384-191