Faculty Adviser

TROY UNIVERSITY

MASTER OF SCIENCE - GENERAL COUNSELING

Graduate Degree Plan Non-Licensure / Non-Certification Degree

		6 Semester-Hour Pi		ee			
Name		Student ID#			Car	mpus	
Address				Em	ail		
DEGREE REQUIRE 1. GRF. or equivalent	MENTS: exam, test scores submitted.	7. Ove	erall GPA of	3.0 or be	tter		
2. Official transcripts of all academic work 8. Completion 6			npletion of	of research requirement with a "B" or better			
			credit earned within 8 years of graduation ccessfully complete the Comprehensive Examination				
5. Complete all cour6. No more than two	nseling program requirements o grades below "B"		ent to Gradi et residency				
REQUIRED CORE	OURSES: (36 Semester Hours)						
COURSE NO.	TITLE			HRS	GRADE	TERM/YR	TRANSFER CREDIT
CP 6600	Professional Orientation and Ethics			3			
CP 6610	Facilitation Skills and Counseling Techniques			3			
CP 6642	Group Dynamics and Counseling			3			
CP 6649	Theories of Counseling			3			
CP 6655	Practicum: General Counseling (100 hours)			3			
CP 6651	Counseling Diverse Populations			3			
CP 6691	Research Methodology			3			
PSY 6635	Vocational Psychology and Career Development			3			
PSY 6645	Evaluation and Assessment of the Individual			3			
PSY 6668	Human Lifespan and Development			3			
Adviser Approved Elective				3			
	Adviser Approved Elective						
ITEMS TO BE DISC	USSED:						
One term limit to	have transcript(s) and test score on file.		A DANICCIO	NICTAT	uc.		
Temporary, Conditional, and OnConditional Admission				ON STATUS:		Dato	Initials
Available lacates for academic advisement				Type nditional		Date	IIIIIIdis
				ditional			
Potition for an incomplete grade				ency			
Student participation in course and program evaluation							
Complete interview and other counseling requirments			Con	nps			
Non-licensure/no	on- certification degree program						
This degree does	not lead to a recommendation for certif	ication in school counse	ling				
Other							
	WLEDGEMENT : I have read the currenged academic advising from my Faculty A	-	_	_		s and require	ments of the above
Approved:							
Student's Signature	e Dat			air/Asso	ociate Dear	or Dean	Date
		Approved	l:				

Date

Associate Dean or Dean, Graduate School

Date