

(Complete this form electronically, then print it, sign it, and mail/FAX it to your graduate advisor)

Graduate Advisor (will be assigned)

Murray State "M" Number:     M    

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Baccalaureate Degree: \_\_\_\_\_

Granting Institution: \_\_\_\_\_ Date Granted: \_\_\_\_\_

Graduate curriculum you propose to follow: **Ed.S. – Clinical Mental Health Option**

### Previous Related Graduate Course Work (if any):

Course Prefix & No.	Course Title	Semester Hours	Grade

### Program for the Specialist in Education Degree:

Course Prefix & No.	Course Title	Semester Hours	Grade
CNS 617	Introduction to Counseling	3	—
CNS 618	Issues in Mental Health Counseling	3	—
CNS 619	Foundational Counseling Techniques	3	—
CNS 624	Theories of Counseling	3	—
CNS 625	Legal & Ethical Issues	3	—
CNS 635	Human Development	3	—
CNS 671	Multicultural Counseling	3	—
CNS 676	Clinical Diagnosis & Treatment Planning	3	—
CNS 683	Tests and Measurements	3	—
CNS 686	Career Counseling	3	—
CNS 692	Group Counseling	3	—
CNS 694	Adv. Counseling & Supervision	3	—
CNS 722	Substance Use & Addictions Counseling	3	—
CNS 734	Marriage, Couples & Family Counseling	3	—
CNS 752	Trauma and Crisis Counseling	3	—
ADM 630	Methods of Research	3	—
CNS 790	Practicum (150 Clinical Hours)	3	—
CNS 794	Internship I (300 Clinical Hours)	3	—
CNS 795	Internship II (300 Clinical Hours)	3	—
CNS		3	—

Transfer credit may be included in this program (limit of 12 hours), A substitution form is required and must be signed by the advisor and graduate coordinator. Such substitutions are generally made following the submission of this form.

I acknowledge that the information on this form reflects the requirements as listed on the approved program guide and all requirements outlined in the *Graduate Bulletin*.

Applicant's Signature \_\_\_\_\_

TIME LIMIT FOR COMPLETION: EIGHT YEARS FROM DATE OF ENROLLMENT IN FIRST CLASS

Do not write below this line

APPROVED	<input type="checkbox"/>	DISAPPROVED	<input type="checkbox"/>	Departmental Graduate Advisor _____	Date _____
	<input type="checkbox"/>		<input type="checkbox"/>	Department Chair _____	Date _____
	<input type="checkbox"/>		<input type="checkbox"/>	College Graduate Coordinator _____	Date _____
	<input type="checkbox"/>		<input type="checkbox"/>	College Dean _____	Date _____

For Graduate Admissions	Processed by	Date
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