

(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: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Master's Degree Held: \_\_\_\_\_

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

Specific Objective of Specialist Program Ed.S. in School Counseling 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 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 & Measurements	3	—
CNS 686	_____	3	—
CNS 689	Individual Testing	3	—
CNS 692	Group Counseling	3	—
CNS 694	_____	3	—
CNS 710	Counseling Children & Adolescents	3	—
CNS 720	Elementary School Counseling	3	—
CNS 722	Substance Use & Addictions Counseling	3	—
CNS 725	Middle/Secondary School Counseling	3	—
CNS 734	Marriage, Couples & Family 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	—

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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