



Graduate Program for Master's Degree

(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: _____
Last First Middle/Maiden

Mailing Address: _____ Work Phone: _____
City State Zip

Home Phone: _____

E-mail Address: _____ Cell Phone: _____

Baccalaureate Degree: _____

Granting Institution: _____ Date Granted: _____

Graduate curriculum you propose to follow: M.A. Ed. In School Counseling 48 Hour Program

Courses to be completed in earning the master's degree:

Course Prefix & No.	Course Title	Semester Hours	Grade
CNS 617	Introduction to Counseling	3	—
CNS 619	Foundational Counseling Techniques	3	—
CNS 624	Theories of Counseling	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 689	Individual Testing	3	—
CNS 692	Group Counseling	3	—
CNS 720	Elementary School Counseling	3	—
CNS 725	Middle/Secondary School Counseling	3	—
ADM 630	Methods of Research	3	—
CNS 790	Practicum (150 Clinical Hour)	3	—
CNS 794	Internship I (300 Clinical Hours)	3	—
CNS 795	Internship II (300 Clinical Hours)	3	—
		3	—
		3	—
		3	—
		3	—
		3	—

If transfer credit is included in this program (limit of 12 hours), list the class(es) as it appears on the other school's transcript and the initials of the school at the end of the name of the class. In () at end of line list the MSU course replaced (if any).

Applicant's Signature _____
 TIME LIMIT FOR COMPLETION: EIGHT YEARS FROM DATE OF ENROLLMENT IN FIRST CLASS

Do not write below this line

A P P R O V E D	<input type="checkbox"/>	D I S A P P R O V E D	<input type="checkbox"/>	Departmental Graduate Advisor _____	Date _____
A P P R O V E D	<input type="checkbox"/>	D I S A P P R O V E D	<input type="checkbox"/>	Department Chair _____	Date _____
A P P R O V E D	<input type="checkbox"/>	D I S A P P R O V E D	<input type="checkbox"/>	College Graduate Coordinator _____	Date _____
A P P R O V E D	<input type="checkbox"/>	D I S A P P R O V E D	<input type="checkbox"/>	College Dean _____	Date _____

For Graduate Admissions	Processed by _____	Date _____
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