



Certification Program

(Complete this form, sign it, and send it to your graduate advisor)

Graduate Advisor (will be assigned)

MSU ID#:

Name:

Date:

Mailing Address:

Primary Phone:

E-mail Address:

Graduate Curriculum you propose to follow: Certification 6th Year School Psychology

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

Catalog Year:

Course Prefix & No.	Course Title	Instructor	Semester Hours	Grade
<u>ADM</u> 630	Methods of Research	_____	<u>3</u>	_____
<u>ADM</u> 725	Advanced Methods of Quantitative Research in Education	_____	<u>3</u>	_____
<u>CNS</u> 615	Behavioral Assessment and Intervention	_____	<u>3</u>	_____
<u>CNS</u> 619	Foundational Counseling Techniques	_____	<u>3</u>	_____
<u>CNS</u> 620	Learning Theories and Application	_____	<u>3</u>	_____
<u>CNS</u> 635	Human Development	_____	<u>3</u>	_____
<u>CNS</u> 671	Multicultural Counseling	_____	<u>3</u>	_____
<u>CNS</u> 676	Clinical Diagnosis and Treatment Planning	_____	<u>3</u>	_____
<u>CNS</u> 677	Instructional Assessment and Intervention	_____	<u>3</u>	_____
<u>CNS</u> 683	Tests and Measurements	_____	<u>3</u>	_____
<u>CNS</u> 687	School-based Consultation	_____	<u>3</u>	_____
<u>CNS</u> 688	Professional School Psychology	_____	<u>3</u>	_____
<u>CNS</u> 689	Individual Testing	_____	<u>3</u>	_____
<u>CNS</u> 690	Advanced Individual Testing	_____	<u>3</u>	_____
<u>CNS</u> 692	Group Counseling	_____	<u>3</u>	_____
<u>CNS</u> 790	Practicum	_____	<u>3</u>	_____
<u>SED</u> 603	Special Education Law and Procedures	_____	<u>3</u>	_____
Internships (6 credit hours):				
<u>CNS</u> 794	Internship I	_____	<u>3</u>	_____
<u>CNS</u> 795	Internship II	_____	<u>3</u>	_____
Electives (3 credit hours):				
_____	_____	_____	<u>3</u>	_____

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

Comprehensive Exam Required? Yes No Portfolio Required? Yes No

Departmental Graduate Advisor Approval _____ Date _____

Department Chair Approval _____ Date _____

College Graduate Coordinator Approval _____ Date _____

College Dean Approval _____ Date _____

For Graduation Office	Processed by _____	Date _____
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