

Graduate Advisor (will be assigned)

Murray State "M" Number: _____

Name: _____ Date: _____

Mailing Address: _____ Work Phone: _____

_____ Home Phone: _____

E-mail Address: _____ City _____ State _____ Zip _____ Cell Phone: _____

Master's Degree/Rank II Held (if any): _____

Granting Institution: _____ Date Granted: _____

Specific Objective of Certification Program: **School Psychologist Pre-K-12 Certification (63 hour program)**

Course Prefix & No.	Course Title	Semester Hours	Grade
CNS 619	Laboratory in Counseling (Prerequisite)	3	_____
ADM 630	Methods of Research	3	_____
SED 603	Special Education Law and Procedures	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 677	Psychoeducational Assessment & Consultation	3	_____
CNS 683	Tests and Measurements	3	_____
CNS 688	Introduction to School Psychology	3	_____
CNS 689	Individual Testing	3	_____
CNS 690	Advanced Individual Testing	3	_____
CNS 692	Group Counseling	3	_____
CNS 694	Advanced Counseling & Supervision	3	_____
CNS 790	Practicum	3	_____
PSY 607	Abnormal Psychology	3	_____
ADM 725	Advanced Methods of Quantitative Research in Education	3	_____
SED 608	Functional Behavioral Analysis	3	_____
SED 625	Instruct. Techniques for Children & Youth with Mild Disabilities	3	_____
CNS 794	Internship I	3	_____
CNS 795	Internship II	3	_____

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

Applicant's Signature _____

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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