

(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 |
|---------------------|--------------|----------------|-------|
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Program for the Specialist in Education Degree:

| Course Prefix & No. | Course Title | Semester Hours | Grade |
|---------------------|---|----------------|-------|
| 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 | Clinical Diagnosis & Treatment Planning | 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 710 | Counseling Children & Adolescents | 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 |
|-------------------------|--------------|------|