

PROGRAM of STUDY

Please type all required information. Do not handwrite. List courses in the order they were/will be completed. Each course, directed reading, independent study, etc. should be listed on a separate line. Include only those courses that will be applied to the degree.

MASTER of EDUCATION

M203

MAJOR: Clinical Professional Counseling

NAME: _____

OU ID: _____

COURSE PREFIX & NUMBER	COURSE NAME	HOURS	GRADE	SEMESTER & YEAR	CREDIT*
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* For OU graduate courses including Norman, Tulsa, and Extended Campus, leave this column blank. For transfer credit (including OU Health Sciences Center courses), enter the institution name in this column. For courses applied to a dual master's degree, enter **Shared** in this column.

REQUIRED COURSEWORK: 45 hours. EDPC 5923 is taken sequentially: 3 hours in fall and 3 in spring.

EDPC 5113	Human Development	3			
EDPC 5253	Assessment in Counseling	3			
EDPC 5263	Professional Issues and Ethics in Counseling	3			
EDPC 5413	Occupational Information--Career Development	3			
EDPC 5423	Methods and Techniques of Counseling	3			
EDPC 5433	Theories and Techniques of Group Counseling	3			
EDPC 5443	Family Systems Theory	3			
EDPC 5453	Social & Cultural Diversity	3			
EDPC 5483	Behavior Disorders	3			
EDPC 5513	Introduction to Abuse and Addictions Theory and Treatment	3			
EDPC 5473	Counseling Theories	3			
EDPC 5923	Internship in Professional Counseling	3			
EDPC 5923	Internship in Professional Counseling	3			
EIPT 5033	Introduction to Research and Evaluation in Education	3			
EIPT 5203	Assessment and Evaluation in Education and Counseling	3			

Electives: 15 hours chosen with approval of advisor and the Graduate Liaison.

TOTAL HOURS:

60 hours required

I intend to graduate in the _____ semester. I hereby request approval of my program of study as outlined above. I understand that I am responsible for reviewing the policies and procedures governing graduate study at the University of Oklahoma as published in the [Graduate College Bulletin](#).

Student Signature _____

Date _____



I have reviewed the above-named student's proposed program of study and I recommend approval.

Printed Name of Graduate Liaison _____

Graduate Liaison Signature _____

Date _____

FOR GRADUATE COLLEGE USE ONLY:

Program effective **Fall 2019**. Semester Admitted/Re-admitted: _____

Date Checked: ____/____/____ | Timeline Begins: _____ | Hours Required: _____ | **OK** ____ **Problem** ____