

SAD 130, Box 2201
 Brookings, SD 57007
 (605) 688-4181

Return to Student Services Coordinator:

Sign and submit this form to the Major Advisor for signature before forwarding it to the Graduate School. When approved, a copy will be sent to student and advisor. The student will be held to these courses and requirements unless a change is submitted and approved by the Graduate School Dean.

Name _____ ID# _____ Date _____

Degree: MS M.ED MA MMC M.ARCH

Program Counseling and Human Development Specialization (1) School Counseling
 Specialization (2) None

Graduate Certificate (If Applicable) _____

Option A (Thesis) Option B (Research/design paper) Option C (Coursework)

Advisor: _____

Coursework Overview

Course Prefix	Course #	Course Title	Credits
CHRD	601	Introduction to Professional Issues & Ethics I	1
CHRD	602	Research and Evaluation in Counseling	3
CHRD	610	Developmental Issues in Counseling	3
CHRD	661	Theories of Counseling	3
CHRD	701	Professional Issues & Ethics II	1
CHRD	721	School Counseling	3
CHRD	722	Administration and Management of School Counseling Programs	3
CHRD	723	Counseling the Family	3
CHRD	731	Multicultural Counseling & Human Relations	3
CHRD	736	Appraisal of the Individual	3
CHRD	742	Career Counseling and Planning	3
CHRD	755	Clinical Diagnosis & Treatment Planning	4
CHRD	766	Group Counseling	3
CHRD	785	Pre-Practicum	3
CHRD	786	Counseling Practicum (Minimum 100 hours)	3
CHRD	794	Counseling Internship: School (Minimum 600 hours)	6
		<i>Total Credits</i>	<i>48</i>

**Please indicate proposed transfer credits by listing the institution after the course title. Use the course number and name as it appears on the transcript. Transfer approval is contingent upon the Graduate School receiving official transcripts from colleges/universities and courses meeting all transfer requirements.

Student's Signature _____ Date _____

Major Advisor's Signature _____ Date _____
 (Must have Graduate Faculty Status)