

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

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.

Return to Student Services Coordinator:

Name _____ ID# _____ Date _____

Degree: ___MS ___ **x** M.ED ___MA ___MMC ___M.ARCH

Program Counseling and Human Development Specialization (1) Administration of Student Affairs
 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
EDFN	727	Group Processes	3
CHRD	731	Multicultural Counseling and Human Relations	3
CHRD	742	Career Counseling and Planning	3
CHRD	770	Student Development: Theory and Practice	3
CHRD	771	Student Personnel Services	3
CHRD	772	Administration & Leadership in Student Affairs	3
CHRD	794	Counseling Internship: Student Affairs (Minimum 600 hours)	6
		Add 8 Additional Elective Credits	8
		<i>Total Credits</i>	<i>36</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)