

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) Clinical Mental Health 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 OR EDER	602 or 610	Research and Evaluation in Counseling or Introduction to Research	3
CHRD	610	Developmental Issues in Counseling	3
CHRD	661	Theories of Counseling	3
CHRD	692	Special Topics: Psychopharmacology Mental Health	3
CHRD	701	Professional Issues & Ethics II	1
CHRD	713	Administration & Management of Mental Health Organizations	3
CHRD	723	Counseling the Family	3
CHRD	731	Multicultural Counseling & Human Relations	3
CHRD	736	Appraisal of the Individual	3
CHRD	741	Crisis Counseling	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: Clinical Mental Health (Minimum of 600 hours)	6
		<b>Add 9 Additional Elective Credits</b>	<b>9</b>
		<i>Total Credits</i>	<i>60</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 \_\_\_\_\_