

GRADUATE APPROVED PROGRAM

Date: _____

Name: _____
Last First Middle

Present Address: _____
Number and Street City, State Zip code

Local Telephone Number: _____

Social Security No: _____

Degree Objective:
Official Degree Title from *Bulletin*

Master of Science in Rehabilitation
 Counseling

The program requirements listed below are from the *University Bulletin* for the year:

THE DEGREE REQUIREMENTS LISTED BELOW MUST BE COMPLETED BY: _____

Note: Upon approval of the GAP read graduate Academic Policies and Procedure section in the *Bulletin* regarding conditions for maintaining its validity.

COURSE PREFIX AND NO.	COURSE TITLE <small>***Transfer work must be evaluated by the University prior to filing this form***</small>	SEMESTER UNITS	TERM REQUIRED	INSTITUTION (if transfer)*	GRADE	INPROG. OR TO DO
COUN 700	Theories of Counseling	3				
COUN 702	Developmental Foundations for Counselors	3				
COUN 703	Psychological Foundations for Counselors	3				
COUN 704	Psychological Aspects of Disability	3				
COUN 705	Fieldwork Traineeship	3				
COUN 706	Counseling Process	3				
COUN 715	Assessment in Counseling	3				
COUN 735	Fieldwork Traineeship	2				
COUN 736	Advanced Counseling Process	3				
COUN 738	Alcohol and Substance Abuse	2				
COUN 748	Rehabilitation Engineering Technology	3				
COUN 762	Seminar on Field of Rehabilitation Counseling	3				
COUN 766	Medical-Social Aspects of Rehabilitation Counseling	3				
COUN 778	Occupational Info, Dynamics, & Placement in Rehab Counseling	3				
COUN 794	Seminar in Research	3				
COUN 811	Group Counseling Process	3				
COUN 833	Social and Cultural Foundations in Counseling	3				
COUN 890	Integrative Counseling	3				
COUN 891	Case Studies and Internship Seminar	3				
COUN 892	Fieldwork Traineeship	2				
COUN 892	Fieldwork Traineeship	2				
	Elective (11 unit)	1				

Total Units

AND

Report of Completion: COUN 892 Internship

GRADUATE MAJOR ADVISER: Please check off below the manner by which this student has or will have satisfied written English proficiency in your graduate program, i.e. ability to write in a scholarly manner in the major field.

SECOND LEVEL TO BE COMPLETED BY:

(A Report form must be filed with the Graduate Division when completed)

COUN 891 Case Studies and Internship Seminar

THIS GRADUATE APPROVED PROGRAM REPRESENTS ADVANCEMENT TO CANDIDACY FOR A GRADUATE DEGREE.

GRADUATE ADVISER (Required): _____
Type/Print last name Signature Date

SCHOOL GRADUATE COMMITTEE (Required): _____
Type/Print last name Signature Date

 Dean of the Graduate Division

 Date