

GRADUATE APPROVED PROGRAM

Master of Science Major Counseling
 Concentration or Emphasis (if applicable) Marriage, Family and Child Counseling

Student: Select the correct *University Bulletin* year for the requirements listed below : _____

Name: _____ Student ID: _____
 Address: _____ Phone(s): _____
 City/State/Zip: _____ E-mail: _____

ALL REQUIREMENTS MUST BE COMPLETED WITHIN 7 YEARS FROM THE START OF THE TERM OF THE EARLIEST COURSE LISTED BELOW

Student: Fill out the following information completely (including the semester each course was or will be taken).

Course No.	Course Title	Units Required	Units (to be) completed	Semester	Institution (for transfer units only)*	Grade	In Progress Or To Do
COUN 700	Theories of Counseling	3					
COUN 702	Developmental Foundations for Counselors	3					
COUN 703	Psychological Foundations for Counselors	3					
COUN 705	Practicum and Internship	2					
COUN 706	Counseling Process	3					
COUN 715	Assessment in Counseling	3					
COUN 720	Career Counseling	1					
COUN 735	Advanced Practicum and Internship	2					
COUN 736	Advanced Counseling Process	3					
COUN 738	Substance Abuse	2					
COUN 794	Seminar in Research	3					
COUN 811	Group Counseling Process	3					
COUN 827	The Consultation Process	1					
COUN 833	Social and Cultural Foundations in Counseling	3					
COUN 857	Law and Ethics for Counselors	3					
COUN 858	Couples and Family Counseling I	3					
COUN 859	Counseling Aspects of Sexuality	2					
COUN 860	Couples and Family Counseling II	3					
COUN 861	Seminar on Child Treatment	3					
COUN 890	Integrative Counseling	3					
COUN 891	Case Studies and Internship Seminar	3					
COUN 892	Internship	2					
COUN 892	Internship	2					
Elective:		1					
	Total Units	60					

***NOTE:** For transfer work, a Request for Graduate Program Transfer Unit Evaluation must be submitted.

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* Second Level written English proficiency in your graduate program, i.e. ability to write in a scholarly manner in the major field.

Course No. COUN 891 Written proposal for Culminating Experience
 Written Component of Culminating Experience Other, specify _____

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

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

Approved Not Approved _____
Dean of the Graduate Division or Designee Date

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