



HOUSTON CHRISTIAN UNIVERSITY DEGREE PROGRAM PLAN
MASTER OF ARTS
CHRISTIAN PSYCHOLOGY(MACP)

NAME: _____ H# _____
Last First Middle

LOCAL ADDRESS: _____
Street City/State Zip Code

DAY PHONE: _____ CELL PHONE: _____ EVENING PHONE: _____

EMAIL ADDRESS: _____

CATALOG YEAR: **2023/2024**

To earn a Master of Arts in Christian Psychology (MACP) a student must complete the following 66 hours:

COURSE NAME		HOURS
Master of Arts in Christian Psychology Degree Requirements:		
PSYC 5335	Christian Spiritual Formation for Therapists	3
PSYC 5314	Methods and Techniques in Christian Counseling	3
CHRI 5340	Systematic Theology	3
PSYC 5317	Christian Psychology and Counseling Theory	3
PSYC 5318	Biblical & Theological Foundations for Psychology & Counseling	3
PSYC 5321	Form Psychology	3
PSYC 5353	Physiological Psychology	3
PSYC 5322	Learned Bases of Behavior	3
PSYC 5310	Ethical and Professional Issues in Psychology and Counseling	3
PSYC 5312	Marriage, Couple, and Family Counseling Theories	3
PSYC 5313	Methods and Techniques in Counseling	3
PSYC 5323	Theories of Counseling and Psychotherapy	3
PSYC 5360	Cultural Psychology	3
PSYC 6301	Principles of Human Development	3
PSYC 6302	Measurement and Appraisal	3
PSYC 6305	Individual Psychological Evaluation	3
PSYC 6308	Methods of Group Process	3
PSYC 6310	Clinical Psychopathology	3
PSYC 6320	Research Techniques and Procedures	3
PSYC 6343	Personality Assessment	3
PSYC 6395	Supervised Practicum	3
PSYC 6396	Supervised Internship and Consultation	3
HOURS NEEDED FOR LICENSED PSYCHOLOGICAL ASSOCIATE IN TEXAS		60
TOTAL HOURS IN DEGREE		66

DEGREE REQUIREMENTS FOR GRADUATION:

Completion of 400 hours of supervised clinical experience, including 150 direct hours.

Recommendation of the Department

Transfer credits from another college or university will be reviewed and approved by the college and department.

No grade below "C"

Pass Student Readiness Evaluation

Overall GPA of 3.00 or above.

Admitted to Candidacy

Pass Comprehensive Examination

Candidate must complete degree within five (5) years

Advisor _____ DATE _____

Dean, College of Education & Behavioral Sciences _____ DATE _____

I HAVE READ AND AGREE TO ABIDE BY ALL REQUIREMENTS ON THE DEGREE PLAN

STUDENT SIGNATURE _____ DATE _____

THIS DEGREE PLAN IS NOT VALID UNTIL RECEIVED & PROCESSED BY THE OFFICE OF ACADEMIC RECORDS PROCESSED BY _____ DATE _____