



HOUSTON CHRISTIAN UNIVERSITY DEGREE PLAN
MASTER OF ARTS (MA) IN CLINICAL MENTAL HEALTH COUNSELING
CATALOG YEAR: 2024-2025

NAME: _____ H#: _____ DATE: _____

To earn a Master of Arts in Clinical Mental Health Counseling, 60 credit hours are required.

| COURSE # | COURSE NAME | HOURS |
|------------------------------|---|-----------|
| COUN 5309 | Counselor Professional Identity and Function | 3 |
| COUN 5310 | Ethical and Legal Issues in Counseling | 3 |
| COUN 5316 | Human Growth and Development | 3 |
| COUN 5317 | Multicultural Counseling | 3 |
| COUN 5318 | Counseling Skills and Techniques | 3 |
| COUN 5319 | Spirituality, Theology and Counseling | 3 |
| COUN 5320 | Theories of Counseling | 3 |
| COUN 5321 | Group Counseling and Psychotherapy | 3 |
| COUN 6309 | Assessment and Testing | 3 |
| COUN 6310 | Clinical Psychopathology | 3 |
| COUN 6320 | Research Design and Program Evaluation | 3 |
| COUN 6321 | Career Counseling and Lifestyle Development | 3 |
| COUN 6322 | Marriage and Family Counseling | 3 |
| COUN 6323 | Crisis Response and Trauma Care | 3 |
| COUN 6324 | Substance Abuse and Addictive Disorders | 3 |
| COUN 6325 | Clinical Diagnosis and Treatment Planning | 3 |
| COUN 6391 | Counseling Practicum | 3 |
| COUN 6392 or COUN 6394 | Counseling Internship I or Counseling Internship: Study Abroad Experience | 3 |
| COUN 6393 or COUN 6394 | Counseling Internship II or Counseling Internship: Study Abroad Experience | 3 |
| ELECTIVE | Any one additional three-hour, graduate-level COUN course not required above | 3 |
| TOTAL HOURS IN DEGREE | | 60 |

DEGREE REQUIREMENTS FOR GRADUATION:

- 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
- Completion of all clinical hours
- Candidate must complete degree within five (5) years

BY SIGNING BELOW, YOU ACKNOWLEDGE THAT YOU HAVE READ AND AGREE TO ABIDE BY ALL REQUIREMENTS ON THE DEGREE PLAN. THIS DEGREE PLAN IS NOT VALID UNTIL RECEIVED & PROCESSED BY THE OFFICE OF ACADEMIC RECORDS.

STUDENT SIGNATURE DATE

ACADEMIC ADVISOR DATE

DEAN OF COLLEGE DATE

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|--|-------------|
| <i>Office of Academic Records Use Only</i> | |
| Processed by: _____ | Date: _____ |