

HOUSTON CHRISTIAN UNIVERSITY DEGREE PROGRAM PLAN MASTER OF ARTS CLINICAL MENTAL HEALTH COUNSELING

NAME:		H#	
Last	First	Middle	
LOCAL ADDDESS			
LOCAL ADDRESS:	Street City/State		Zip Code
	Silvet Silvistate		Zip Gode
DAY PHONE:	CELL PHONE:	EVENING PHONE:	
EMAIL ADDRESS:			
CATALOG YEAR: 2	2023/2024	DATE:	
	of Arts in Counseling 60 semester hours are required	l	
	Counseling Requirements		HOUI
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	Counseling Internship I		3
COUN 6393	Counseling Internship II		3
ELECTIVE	One additional three-hour Graduate Level COUN course chosen from the fo	ollowing:	3
	COUN 5311 Advance Ethics and Practice Management COUN 6319 Resilience and Coping		
	COUN 6326 Human Sexuality		
	COUN 6327 Pornography and Sexual Addiction Counseling		
	COUN 6328 Premarital Counseling and Marital Enrichment COUN 6329 Assessment and Counseling with Couples and Families		
	COUN 6331 Grief and Loss Counseling		
		TOTAL HOU	RS IN DEGREE 60
DEGREE REQUIREMEN	NTS FOR GRADUATION:		
Recommendation of the			
	other college or university will be reviewed and approved by the colleg	e and department.	
No grade below "C" Pass Student Readiness	Evaluation		
Overall GPA of 3.00 or a			
Admitted to Candidacy			
Pass Comprehensive Ex			
Candidate must complet	e degree within five (5) years		
Advisor	DATE		
Don College of Education 9 De	phoving Crimero		
Dean, College of Education & Be	ehavioral Sciences DATE		
I HAVE READ AND AGREE TO	ABIDE BY ALL REQUIREMENTS ON THE DEGREE PLAN		
STUDENT SIGNATURE	DATE		
THIS DECDEE BY AN IS NOT V	ALID HINTH DECENED & DDOCESSED BY THE OFFICE OF ACADEMIC PROCESSED.	DROCESSED BY	DATE
THIS DEGREE FLAN IS NOT V	ALID UNTIL RECEIVED & PROCESSED BY THE OFFICE OF ACADEMIC RECORDS F	PROCESSED BY	_ UNIL