

HOUSTON CHRISTIAN UNIVERSITY DEGREE PROGRAM PLAN <u>MASTER OF EDUCATION (MEd)</u> <u>PROFESSIONAL SCHOOL COUNSELING</u>

| NAME: | | | H# | |
|--------------------------------|-------------|------------|------------------|----------|
| Last | First | | Middle | |
| LOCAL ADDRESS: | | | | |
| Street | | City/State | | Zip Code |
| DAY PHONE: | CELL PHONE: | | EVENING PHONE: _ | |
| CATALOG YEAR: <u>2023/2024</u> | | | DATE: | NY' |
| | | | | |

DEGREE REQUIREMENTS:

| To earn a Master of Education in Professional School Counselir | g a student must complete the | following 48 hours: |
|--|-------------------------------|---------------------|
|--|-------------------------------|---------------------|

| Course Number | Course Name | HOURS |
|---------------|--|-------|
| | MEd Core Classes: | |
| COUN 6320 | Research Design and Program Evaluation | 3 |
| | Counselor Education Classes: | |
| COUN 5310 | Ethical and Legal Issues in Counseling | 3 |
| COUN 5316 | Human Growth & Development | 3 |
| COUN 5317 | Multicultural Counseling | 3 |
| COUN 5318 | Counseling Skills and Techniques | 3 |
| COUN 5320 | Theories of Counseling | 3 |
| COUN 5321 | Group Counseling and Psychotherapy | 3 |
| COUN 5363 | Principles of School Counseling | 3 |
| COUN 6309 | Assessment and Testing | 3 |
| COUN 6310 | Clinical Psychopathology | 3 |
| COUN 6321 | Career Counseling and Lifestyle Development | 3 |
| COUN 6323 | Crisis Response and Trauma Care | 3 |
| COUN 6341 | Counseling Children, Adolescents, and Families | 3 |
| COUN 6391 | Counseling Practicum | 3 |
| COUN 6392 | Internship I | 3 |
| COUN 6365 | Advanced School Counseling & Leadership | 3 |
| | TOTAL HOURS | 48 |

DEGREE REQUIREMENTS FOR GRADUATION:

| No grade below C Overall GPA of 3.00 or above Admitted to Candidacy Comprehensive Examination Recommendation from Department Candidate must complete degree within five yea | | | | |
|--|----------------------------|---------------------|---------------------|------|
| Transfer credits from another college or universi | ry will be reviewed and ap | proved by the colle | ege and department. | |
| ADVISOR | DATE | | | |
| DEAN, SCHOOL OF EDUCATION | DATE | | | |
| I HAVE READ AND AGREE TO ABIDE BY ALL REQUIREMENT | TS ON THE DEGREE PLAN | | | |
| STUDENT SIGNATURE | DATE | | | |
| THIS DEGREE PLAN IS NOT VALID UNTIL RECEIVED & PRO | CESSED BY THE OFFICE OF A | CADEMIC RECORDS | PROCESSED BY | DATE |