**UNIVERSITY OF ARKANSAS**

# College of Education - Counselor Education

**Master's Degree - Program of Study**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student's Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **ID#** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Area of Specialization:**  **Counselor Education**  **Area of Concentration**: **School Counseling**

**Instructions:** Please complete this Program of Study, typed and signed, and return to your major advisor. You may place

a copy of the form on your disk by contacting your advisor.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Common Courses Required for M.S. in Counseling:**

***Required Core Courses***

|  |  |  |  |
| --- | --- | --- | --- |
| **Course Area, No. and Title** | **Term** | **Institution** | **Credit**  **Hours** |
| CNED 5003 Counseling and Human Development |  |  | 3 |
| CNED 5203 Foundations of the Counseling Profession |  |  | 3 |
| CNED 5213 Life Style and Career Development |  |  | 3 |
| CNED 5303 Individual Appraisal |  |  | 3 |
| CNED 5323 Counseling Theory |  |  | 3 |
| CNED 5333 Basic Counseling Techniques |  |  | 3 |
| CNED 5353 Psychopharmacology |  |  | 2 |
| CNED 5541 Telemental Health Counseling |  |  | 1 |
| CNED 5363 Dynamics of Group Counseling |  |  | 3 |
| CNED 5403 Diagnosis and Treatment in Counseling |  |  | 3 |
| CNED 5513 Counseling and Human Diversity |  |  | 3 |
| CNED 5483 Research in Counseling |  |  | 3 |
| CNED 6203 Foundations of Marriage & Family Counseling |  |  | 3 |

**Sub Total**  **36**

***Emphasis in School Counseling (P-12 Emphasis)***

|  |  |  |  |
| --- | --- | --- | --- |
| Course Area, No. and Title | **Term** | **Institution** | **Credit**  **Hours** |
| CNED 5223 Introduction to School Counseling |  |  | 3 |
| CNED 5313 Program Organization and Information Mgt. |  |  | 3 |
| CNED 6333 Introduction to Play Therapy |  |  | 3 |
| CNED 6093 Counseling Children & Adolescents |  |  | 3 |
| CNED 5383 Crisis Intervention |  |  | 3 |
| CNED 5343 Counseling Practicum in School Settings |  |  | 3 |
| CNED 574V School Counseling Internship (3) |  |  | 3 |
| CNED 574V School Counseling Internship (3) |  |  | 3 |

S**ub Total** **24**

***Total Hours for Degree Requirements \_\_\_\_60\_\_\_***

**List Transfer for Credit Course(s):**

|  |  |  |  |
| --- | --- | --- | --- |
| **Course Area, No. and Title** | **Term** | **Institution** | **Credit**  **Hours** |
|  |  |  |  |
|  |  |  |  |

**Sub Total \_\_\_\_\_\_\_**

60

**Total Number of Hours:**

**Explanation of any variations:**

**Student's Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Advisor's Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Program Coordinator's Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Please return this form to the Departmental office (GE 106) after obtaining Advisor’s signature.**