

**Master of Science in Clinical Mental Health Counseling-Online  
Recommended Course Sequence  
Child/Adolescent Specialization**

*\*Prerequisite for COUN 6986 Internship in Counseling*

<b>Semester 1</b>	<b>Semester 2</b>	<b>Semester 3</b>
COUN 6000* Introduction to Counseling	COUN 6003* Foundations of Clinical Mental Health Counseling	COUN 6012* Professional Ethics and Legal Issues in CMHC
COUN 6020* Life-Span Human Development	COUN 6030* Theories of Counseling	COUN 6060* Psychopathology and Diagnosis
<b>Semester 4</b>	<b>Semester 5</b>	<b>Semester 6</b>
COUN 6080 Career Development and Counseling	COUN 6070* Assessment in Counseling	COUN 6160, Counseling with Children & Adolescents
COUN 6040* Multicultural Counseling	COUN 6120* Group Counseling	COUN 6965* Counseling Practicum
<b>Semester 7</b>	<b>Semester 8</b>	<b>Semester 9</b>
COUN 6170 Trauma Counseling	COUN 6130 Family Counseling	COUN 6150 Addictions Counseling
COUN 6050 Research Methods in Counseling	COUN 6180 Advanced Diagnosis and Treatment in Counseling	Select One Elective: <ul style="list-style-type: none"> <li>• COUN 6090 Medical and Psychosocial Aspects of Disabilities</li> <li>• COUN 6986 Internship in Counseling (may be required for certain sites)</li> </ul>
COUN 6986 Internship in Counseling	COUN 6986 Internship in Counseling	

*After discussing the plans indicated above with your advisor, please sign and submit this form to the CECP Office. The Department keeps the original signed copy of the form in each student's file. Students need to photocopy the signed form and include in their portfolios.*

**Expected Date of Comprehensive Exam** (Month and Year):

**Expected Date of Graduation** (Month and Year):

**Student Name:**  
(print)

**Student Signature:**

**Date:**

**Advisor Signature:**

**Date:**

