

MARQUETTE UNIVERSITY GRADUATE SCHOOL MASTER'S PROGRAM PLANNING FORM

This form must be completed and submitted to the Graduate School within the student's first semester of their program. A change to any of the data below will require the submission of a new, updated, signed and approved "Master's Program Planning Form". This form is required by the end of your first semester of your master's program. If you need assistance completing this form, please contact the Graduate School at 414-288-7137.

I. STUDEN	NT INFORMATION - To be filled out by the student.		
Name:		MUID:	
Program:	Clinical Mental Health Counseling - Online Program	Adviser:	
Degree:	Master of Science	Program Start Term:	-
Specialization:	: Child/Adolescent (CACO)		
Do you intend (to pursue a certificate along with your master's degree? 🔲 yo	os Konter a certificat	s in conuseilur
lf yes, which c	ertificate?	NOTE: MU doesn't offer a certificat	
II. PROGR	AM REQUIREMENTS - To be filled out by student in	collaboration with the student's advise	" N
Track Option:	· A	, Karing	
Course Credits (Exclusive of the	s Required (How many?): 60 este credits)	a series and series	*
Thesis Credits:	: Not Applicable	adheren	and to
Comprehensive	e Exam: Required ion/Defense Not-Required age Exam: Not Applicable	STARTING WAS BUT TO BE STORE OF THE STANDARD O	8
Oral Presentati	ion/Defense Not-Required	Supplied the state of the state	
Foreign Langui	TURES ure:	gradie Scientific	
II. SIGNAT	TURES CUMPOR	ST	
Student Signati	ure:	Date:	
Adviser Signatu	your advisor's name	Date:	
OGS or Chair A	Approval/Signature: F Alan Burkard, Ph.D.	Date:	_
Graduate School	ol Approval/Signature:	Date:	
			Reint Form

Revised 10/15