

## 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. STUD	ENT INFORMATION - To b	e filled out by the student.			
Name:			MUID:		
Program:	Clinical Mental Health Couns	eling - Online Program	Adviser:		
Degree:	Master of Science		Program Start Term:		
Specializati	on: None (General)			Park	
Do you inle	nd to pursue a certificate along with	your master's degree? 🏻 Ye	es 🗵 No	ate in counselling	/
If yes, which	n certificate?	NOTE	os ⊠ No ∑ No offer a certific		
II. PROG	GRAM REQUIREMENTS -				in suc
Track Oplio	n: Course Work		0		est they be something
Course Cre (Exclusive o	dits Required (How many?): 60 I thesis credits)		$\wedge$	, or start or s	es <sup>i</sup>
Thesis Cred	Not Applicable		/ / "	3. 18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0
Comprehen	sive Exam: Required,		START ACT MES	o o cadifornia a	Ma FORM
Orai Presen	tation/Defense Not Required	)	ette.	edulis an pla	
Foreign Lan	guage Exam Not Applicable		The state of the s	Set's Brook	
II. SIGN	ATURES	anctiss .	Minsill ST MY Mas		
Student Sign	nature:	Vour advisor's	SIR	Date:	•
Adviser Sign	ialure:	vour advisor's	name '	Date:	
OGS or Cha	ir Approval/Signature: Alan	Burkard, Ph.D.	u	Date:	
Graduate Sc	thool Approval/Signature:			Date:	
					Print Form

Revised 10/15