# Master of Science in Clinical Mental Health Counseling

# Recommended Course Sequence

# Fall 2024

**Student Name:** **Advisor name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Circle Specialization:** Addictions, Child/Adolescent, Rehabilitation or General



 \*Prerequisite for COUN 6986 Internship in Counseling

 \*\*Must take prior to or concurrently with COUN 6986 Internship in Counseling

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**Specialization Requirements/Electives**

Note: The below courses can be electives for CMHC students without a specialization

**Addictions Specialization** **Child/Adolescent Specialization**

COUN 6230 Psychopharmacology COUN 6160 Counseling with Children & Adolescents

**Possible Electives for All Students**

 COUN 6090 Medical and Psychosocial Aspects of Disabilities

COUN 6986 Internship in Counseling (may be required for certain sites)

After discussing the plans indicated above with your advisor, please sign below\* and submit this form to the CECP Office (coreen.bukowski@marquette.edu), SC 146. The Department keeps the original signed copy of the form in each student’s file. Students need to retain a copy to reference and include it in their Portfolios.

**Expected Date of Comprehensive Exam-CPCE** (Month/Year):

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

**Student Signature\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Advisor Signature\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\***Note: If sending this form electronically from MU email, typed name on this form serves as my signature and agreement with the contents of this form.