Select Master's Program forms and click: START BY MASTER'S PROGAM PLANNING FORM



## 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.

your master c	b program.					
I. STUDE	ENT INFORMATION	ON - To be filled out by the student.				
Name:	First & Last n	ame	MUID:	Your M	NUTD	
Program:	Clinical Menta	al Health Counseling (CMH	Adviser:	First	Last name	
Degree:	Master of Scie	ence (MS)	Program S	tart Term;	Fall	2024
Specializatio	Type your spe	ecialization here Ex: Gen	eral, Ch	nild Add	olescent, Addictions	, Rehab
Do you intend	d to pursue a certificate	along with your master's degree? Ye	es 🔀 No	0	11	
If yes, which	certificate?	NOTE: MU does not offer a	certificati	e in cour	nselina —	
II. PROG	RAM REQUIREN	IENTS - To be filled out by student in a				
Track Option	[5]					
Course Cred (Exclusive of	lits Required (How many thesis credits)	?): [60				
Thesis Credit	its: Not Ap	oplicable				8
Comprehens	sive Exam: Requir	red				\$6
Oral Present	ation/Defense Not	Required				Sin I
Foreign Lang	guage Exam: Not Ap	plicable				
III. SIGNA	ATURES			-		
Student Sign	ature: udent	firstr	name.lastr	name@marq	quette.epute:	
Adviser Signa	Type in your advisor name/email accurately Date:  DGS/Chair = Alan.Burkard@marquette.edu					
DGS or Chair	r Approval/Signature:	- DGS/Chair = <u>Alan.Burkard@</u>	ymarque	ite.euu	Date:	
Graduate Sch	hool Approval/Signature	:			Date:	

Print Form