# Master of Arts in School Counseling

**Recommended Course Sequence**

**Admitted Fall 2024**

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

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| **Fall Year 1** | **Spring Year 1** | **Summer Year 1** |
| COUN 6000\*  Introduction to Counseling | COUN 6001\*  Foundations of School Counseling | COUN 6080\*  Career Development and Counseling |
| COUN 6020\*  Life-Span Human Development | COUN 6010\*  Professional Ethics and Legal Issues in School Counseling | COUN 6160\*\*  Counseling with Children and Adolescents |
| COUN 6030\*  Theories of Counseling | COUN 6120\*  Group Counseling |  |
| COUN 6060\*  Psychopathology and Diagnosis | COUN 6970\*  School Counseling Practicum |  |
| **Fall Year 2** | **Spring Year 2** | **Graduation Requirements** |
| COUN 6070\*\*  Assessment in Counseling | COUN 6410  Leadership and Educational Administration for School Counseling | PRAXIS Exam  Successfully complete by the end of February, Spring Year 2 |
| COUN 6040\*\*  Multicultural Counseling | COUN 6990\*\*  Internship in School Counseling | Apply for Graduation on CheckMarq - complete no later than the beginning of January, Spring Year 2 |
| COUN 6050\*\*  Research Methods in Counseling |  |  |
| COUN 6990\*\*  Internship in School Counseling |  |  |

\*Prerequisite for COUN 6990 Internship in School Counseling

\*\*Must take prior to or concurrently with COUN 6990 Internship in School Counseling

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After discussing the plans indicated above with your advisor, please sign below and submit this form to the CECP Office ([coreen.bukowski@marquette.edu](mailto: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 PRAXIS Exam** (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.