

Last Name _____

First Name _____

ASU ID# _____

MC Course Checklist 2024 - present (to be completed before submitting the Plan of Study (iPOS))

MC Course	Coursework Name	Semester taken/ planned or waiver obtained*	Waiver (attach letter)	Credits	Grade
Professional Core					
CED 501	Research and Evaluation	_____		3	_____
CED 522	Theories of Counseling	_____		3	_____
CED 523	Psychological Tests	_____		3	_____
CED 529	Lifespan Human Development	_____		3	_____
CED 534	Occupations and Careers	_____		3	_____
CED 545	Assessment and Diagnosis	_____		3	_____
CED 567	Group Dynamics & Counseling	_____		3	_____
CED 576	Foundations of Counseling	_____		3	_____
CED 577	Counseling Pre-practicum	_____		3	_____
CED 645	Professional Issues and Ethics	_____		3	_____
CED 671	Multicultural Counseling	_____		3	_____
CED 672	Couple and Family Counseling	_____		3	_____
CPY 673	Trauma in Counseling	_____		3	_____
CED 680**	Practicum Clinic	_____		3	_____
CED 684**	Internship (Counseling or School Counseling)	_____		3	_____
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				<u>48</u>	
Practitioner Track					
Elective 1	_____	_____		3	_____
Elective 2	_____	_____		3	_____
Elective 3	_____	_____		3	_____
Elective 4	_____	_____		3	_____
				<u>12</u>	
Research Track					
EDP 552***	Multi Regression/Correlation Methods	_____		3	_____
EDP 554***	Analysis-of-Variance Methods	_____		3	_____
CED 599	Thesis	_____		6	_____
				<u>12</u>	
School Counseling					
CED 510	Introduction to School Counseling	_____		3	_____
CED 511	Career Dev. & Advanced Ed. Planning	_____		3	_____
CED 691	Counseling Children & Adolescents	_____		3	_____
Elective 4	_____	_____		3	_____
				<u>12</u>	

* If course waiver is obtained, attach a copy of the letter certifying waiver of program requirement. **Note:** waiver only refers to not needing to take a program requirement. The Graduate College total hours requirement (60 hours) still hold.

CED 576 is a prerequisite for CED 577 and must be taken in order. CED 671 is a pre-requisite for CED 680 Practicum.

** On the iPOS, CED 684 Internship should be listed during two consecutive semesters. Research Track: discuss with your thesis advisor courses needed for successful completion. *** or equivalent

I have reviewed this course plan in conjunction with my faculty advisor and I understand that course availability is subject to change.

Student Signature _____

Date _____

Advisor Signature _____

Date _____

Training Director Signature _____

Date _____