

# North Dakota State University

## School of Education / Graduate School

Master of Education Degree  
Plan of Study

Date \_\_\_\_\_ I.D. \_\_\_\_\_ Date Degree Expected \_\_\_\_\_

Student \_\_\_\_\_  
(Typed name) (Signature)

**M.Ed. Degree: Counseling** Specialization: **School Counseling**

List all of the courses you are using to meet the requirements for the degree and specialization from the appropriate curriculum guide. Indicate any substitute/transfer courses with an asterisk (\*).

Curriculum Category & Required Courses	Substitution*	Instructor	Term Completed	Cr.	Grade
I. Human Growth & Development					
CNED 712 Dynamics of Self	_____	_____	_____	3	_____
II. Social and Cultural Foundations					
CNED 716 Social & Cultural Found of Couns	_____	_____	_____	3	_____
III. Helping Relationships					
CNED 710 Counseling Techniques	_____	_____	_____	3	_____
CNED 711 Counseling Theory	_____	_____	_____	3	_____
IV. Groups					
CNED 720 Group Counseling	_____	_____	_____	3	_____
V. Career & Lifestyle Development					
CNED 714 Career Counseling	_____	_____	_____	3	_____
VI. Appraisal					
CNED 713 Assessment Techniques	_____	_____	_____	3	_____
VII. Research & Program Evaluation					
Ed. 703 Research, Measurement & Prog Eval	_____	_____	_____	3	_____
VIII. Professional Orientation					
CNED 715 Professional Orientation & Ethics	_____	_____	_____	3	_____
CNED 728 Guidance Admini & Consulting	_____	_____	_____	2	_____
CNED 734 Dynamics of Addiction	_____	_____	_____	3	_____
<b>(must take 2 of the following 3)</b>					
CNED 725 Elem. School Counseling and/or	_____	_____	_____	2	_____
CNED 726 Middle School Counseling and/or	_____	_____	_____	2	_____
CNED 727 Secondary School Counseling	_____	_____	_____	2	_____
IX. Practicum					
CNED 794A Practicum	_____	_____	_____	3	_____
X. Internship					
CNED 794B Internship	_____	_____	_____	6	_____
XI. Electives					
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

(graduate courses must be approved by adviser)

Total Credits Required: 48

Total Credits \_\_\_\_\_

\*Substitute course/Transfer credits. See reverse side

\*\*To be completed by Graduate School

(over)

May 2006

**Substitute Courses/Transfer Credits:** Those substitute/transfer courses marked with an \* on the reverse side **must** be listed here. Include the name of the institution. (Official transcripts showing completion of credit to be transferred from other institutions must be on file in the Graduate School PRIOR to approval of the Plan of Study.) The Supervisory Committee recommends the following substitute/transfer credits to satisfy degree requirements.

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**Approved by:**

_____	_____	_____	_____
Advisor	Date	Department/Program Chair	Date
_____	_____	_____	_____
Academic Dean	Date	Graduate Dean	Date

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**Comprehensive Exam**

<u>Date Taken</u>	<u>Pass / No Pass</u>	<u>Date of Retake</u>	<u>Pass/No Pass</u>
_____	_____	_____	_____

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**To the Registrar:**

The candidate has completed all Graduate School requirements for the above-designated degree.

_____	_____
Graduate Dean	Date

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Office of the Registrar certifies that this student has satisfactorily completed all course requirements on the Plan of Study filed in the Graduate School.

_____	_____
Office of the Registrar	Date