

North Dakota State University

School of Education / Graduate School

Master of Science Degree

Plan of Study

Date _____ I.D. _____ Date Degree Expected _____

Student _____

(Typed name)

(Signature)

M.S. Degree: Counseling

Specialization:

Community 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	_____
CNED 797 (Paper 3 cr.) -or-	_____	_____	_____		_____
CNED 798 (Thesis 6 cr.)	_____	_____	_____		_____
VIII. Professional Orientation					
CNED 715 Professional Orientation & Ethics	_____	_____	_____	3	_____
CNED 790 Seminar: Community Counseling	_____	_____	_____	3	_____
(must take 1 or more of the following)					
CNED 730 Sexual Funct. & Abuse Issues	_____	_____	_____	3	_____
CNED 731 Couns. Children & Adolescents	_____	_____	_____	3	_____
CNED 732 Fam. Counseling	_____	_____	_____	3	_____
CNED 733 Marital Counseling	_____	_____	_____	3	_____
CNED 734 Dynamics of Addiction	_____	_____	_____	3	_____
IX. Practicum					
CNED 794A Practicum	_____	_____	_____	3	_____
X. Internship					
CNED 794B Internship	_____	_____	_____	4	_____
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.

Institution	Department	Course No.	Title	Qtr/Sem Year Taken	Credits	Grade
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Credit Hours Transferred to Master's Program (in semester hours credits). _____

Total Credit Hours in Plan of Study: NDSU _____ Transfer _____ Total _____

(Please type name) Names of Supervisory Committee	Signature (Recommends approval)	Department Name
Chair	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Graduate Appointee	_____	_____

Approved by:	_____	_____
	Department/Program Chair	Date
	_____	_____
	Academic Dean	Date

Received by	Approved	
Graduate School		
_____	_____	_____
Date	Graduate Dean	Date

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