

**DEPARTMENT OF COUNSELING, EDUCATIONAL LEADERSHIP AND SCHOOL PSYCHOLOGY**  
**CGS in ADVANCED COUNSELING**  
**Plan of Study**

Name \_\_\_\_\_ Telephone \_\_\_\_\_  
 Address \_\_\_\_\_ EMPLID \_\_\_\_\_  
 Email \_\_\_\_\_ Advisor \_\_\_\_\_

Please submit this form to your advisor after you have developed your Plan of Study with his/her assistance.

**PREREQUISITES**

**A. PRACTICUM COMPONENT**

_____	CEP 683:	PRACTICUM III: ADVANCED COUNSELING SKILLS	(539)	3
_____	CEP 684:	PRACTICUM IV: ADVANCED CLINICAL INTERVENTIONS	(683)	3

**B. INTERNSHIP COMPONENT**

_____	CEP 610:	ADVANCED CLINICAL INTERNSHIP I	(684)	3
_____	CEP 611:	ADVANCED CLINICAL INTERNSHIP II	(610)	3

**C. ELECTIVE**

_____	_____			3
		<b>TOTAL</b>		<b>15</b>

**D. ADDITIONAL COURSES SELECTED FOR LMHC LICENSING**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

\_\_\_\_\_  
 Student's Signature                      Date

\_\_\_\_\_  
 Advisor's Signature                      Date

\_\_\_\_\_  
 Chair's Signature                      Date

\_\_\_\_\_  
 Associate Dean's Signature                      Date

\_\_\_\_\_  
 Dean of Graduate Studies Signature                      Date