



# Graduate Program for Master's Degree

(Complete this form electronically, then print it, sign it, and mail/FAX it to your graduate advisor)

Graduate Advisor (will be assigned)

Murray State "M" Number:   M  

Name: \_\_\_\_\_ Date: \_\_\_\_\_  

Last
First
Middle/Maiden

Mailing Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_  

City
State
Zip
 Home Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Baccalaureate Degree: \_\_\_\_\_

Granting Institution: \_\_\_\_\_ Date Granted: \_\_\_\_\_

Graduate curriculum you propose to follow:   M.A. Ed. In School Counseling 48 Hour Program  

**Courses to be completed in earning the master's degree:**

Course Prefix & No.	Course Title	Semester Hours	Grade
CNS 619	Foundational Counseling Techniques	3	—
CNS 624	Theories of Counseling	3	—
CNS 635	Human Development	3	—
CNS 671	Multicultural Counseling	3	—
CNS 676	Clinical Diagnosis & Treatment Planning	3	—
CNS 683	Tests and Measurements	3	—
CNS 686	Career Counseling	3	—
CNS 689	Individual Testing	3	—
CNS 692	Group Counseling	3	—
CNS 710	Counseling Children & Adolescents	3	—
CNS 720	Elementary School Counseling	3	—
CNS 725	Middle/Secondary School Counseling	3	—
ADM 630	Methods of Research	3	—
CNS 790	Practicum (150 Clinical Hour)	3	—
CNS 794	Internship I (300 Clinical Hours)	3	—
CNS 795	Internship II (300 Clinical Hours)	3	—
		3	—
		3	—
		3	—
		3	—
		3	—

If transfer credit is included in this program (limit of 12 hours), list the class(es) as it appears on the other school's transcript and the initials of the school at the end of the name of the class. In ( ) at end of line list the MSU course replaced (if any).

Applicant's Signature \_\_\_\_\_  
 TIME LIMIT FOR COMPLETION: EIGHT YEARS FROM DATE OF ENROLLMENT IN FIRST CLASS

**Do not write below this line**

<b>A</b>	<input type="checkbox"/>	<b>D</b>	<input type="checkbox"/>	Departmental Graduate Advisor _____	Date _____
<b>P</b>	<input type="checkbox"/>	<b>I</b>	<input type="checkbox"/>	Department Chair _____	Date _____
<b>R</b>	<input type="checkbox"/>	<b>S</b>	<input type="checkbox"/>	College Graduate Coordinator _____	Date _____
<b>O</b>	<input type="checkbox"/>	<b>A</b>	<input type="checkbox"/>	College Dean _____	Date _____
<b>V</b>	<input type="checkbox"/>	<b>P</b>	<input type="checkbox"/>		
<b>E</b>	<input type="checkbox"/>	<b>R</b>	<input type="checkbox"/>		
<b>D</b>	<input type="checkbox"/>	<b>O</b>	<input type="checkbox"/>		
<b>D</b>	<input type="checkbox"/>	<b>V</b>	<input type="checkbox"/>		

For Graduate Admissions	Processed by _____	Date _____
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