

**Program of Study
(2010 cohort and beyond)**

PSU ID _____ Home Phone _____ Work Phone _____

Name _____ Date _____

Address _____
Number and Street City State Zip Code

Dept	No	Course Title	Crs	Grade	Term/Yr	Inst
Core Courses						
COUN	504	Internship	12			
COUN	509	Practicum: Counseling	6			
COUN	509	Practicum: Group Counseling	1			
COUN	509	Practicum: Peer Supervision	2			
COUN	531	Foundations of Substance Abuse Counseling	3			
COUN	543	Interpersonal Relationships	3			
COUN	551	Theories and Interventions I	3			
COUN	566	Appraisal Instruments	1			
COUN	567	Using Tests in Counseling	3			
COUN	568	Career and Life-Style Planning	3			
COUN	569	Developmental Foundations of Counseling	3			
COUN	570	Legal and Ethical Issues	3			
COUN	571	Group Counseling	3			
COUN	580	Supervision	1			
COUN	581	Multicultural Perspectives of Counseling	3			
COUN	582	Research and Program Evaluation in Counseling	3			
COUN	585	Diagnosis and Treatment Planning I	3			
		Total Core Course Credits	56			
Specialty Courses						
COUN	552	Theories and Interventions II	3			
COUN	583	Job Placement and Training	3			
COUN	590	Foundations of Rehabilitation Counseling	3			
COUN	591	Medical Aspects of Disability	3			
COUN	592	Psychosocial Aspects of Disability	3			
COUN	593	Case Management	3			
COUN	594	Occupational Analysis/Vocational Evaluation	3			
COUN	595	Contemporary Issues and Applications in Rehabilitation Counseling	3			
		Total Specialty Course Credits	24			
		TOTAL CREDITS	80			

APPROVAL SIGNATURES

Student _____ Date _____

Advisor _____ Date _____