



**M.S. degree
Major:
Clinical Counseling Psychology
2010/2011 Catalog**

Student Name _____
 S. SSN/Id No _____
 S. Phone (w) _____ (h) _____
 Previous Degree/Date _____
 Where degree earned _____
 Adviser _____
 A. phone _____
 A. email _____

Foundation Courses:

Registrar Use <input checked="" type="checkbox"/>	Term	Grade	Course #	
<input type="checkbox"/>	_____	_____	LB 501	Library Research
<input type="checkbox"/>	_____	_____	PY 601	Research Methods
<input type="checkbox"/>	_____	_____	PY 602	Human Growth & Dev
<input type="checkbox"/>	_____	_____	PY 607	Acq/Learned Bases of Beh
<input type="checkbox"/>	_____	_____	PY 612	Psychopathology
<input type="checkbox"/>	_____	_____	PY 617	Theories of Psychotherapy/ Indiv Bases of Behavior/
<input type="checkbox"/>	_____	_____	PY 620	Soc & Cult Bases of Behav
<input type="checkbox"/>	_____	_____	PY 701	Statistics
<input type="checkbox"/>	_____	_____	PY 714	Biological Bases of Behav

Clinical Counseling Courses:

<input type="checkbox"/>	_____	_____	PY 650	Professional Development
<input type="checkbox"/>	_____	_____	PY 651	Professional Development
<input type="checkbox"/>	_____	_____	PY 680	Thesis Prep
<input type="checkbox"/>	_____	_____	PY 681	Thesis I
<input type="checkbox"/>	_____	_____	PY 682	Thesis II
<input type="checkbox"/>	_____	_____	PY 700	Ethics & Prof Identity
<input type="checkbox"/>	_____	_____	PY 703	Psychotherapy I: The Helping Relationship
<input type="checkbox"/>	_____	_____	PY 705	Assmt I: Cogn Assessment
<input type="checkbox"/>	_____	_____	PY 706	Assmt II: Pers Assmt
<input type="checkbox"/>	_____	_____	PY 720	Practicum I
<input type="checkbox"/>	_____	_____	PY 730	Psychotherapy II: Group Dynam/Group Couns
<input type="checkbox"/>	_____	_____	PY 740	Practicum II
<input type="checkbox"/>	_____	_____	PY 750	Professional Development
<input type="checkbox"/>	_____	_____	PY 760	Internship

Specialization (6 hours -- optional):

<input type="checkbox"/>	_____	_____	PY 660	Advanced Special Topics
<input type="checkbox"/>	_____	_____	PY 755	Clin Counsel Specialty Pract.
<input type="checkbox"/>	_____	_____	PY 799	Applied Experience
<input type="checkbox"/>	_____	_____	PY - - -	Specialization Elective

Program Prerequisites:

Brenau Crs #	How Satisfied		
	Term	Crs #	Institution
MS 205) (Statistics) or PY 301 (Research Methods) [or Experimental]	_____	_____	
PY 309 (Abnormal Psychology)	_____	_____	

Note: Financial aid recipients cannot receive aid for courses repeated unnecessarily or for courses not specifically required for their degree.

Any deviation of this program must be documented via substitution memo and approved by the department chair and the registrar.

This program plan was prepared by the Registrar's Office.

Revised 06/2010