Clinical Mental Health Plan of Study and Disclosure Statement

This plan of study must be signed by student and returned to their Academic Advisor before course registration.

Student Information

MUID

Student Name

Date:

MU Email

Phone Number

Street Line 1:

Street Line 2:

City:

State:

Zip:

Advisor:
* -- Choose --

1st Semester Enrolled
*

Graduate Catalog of Record
*

7-Year Time Limit
*

Course Requirements

COURSE	COURSE TITLE	PRE-REQUISITES	HOURS
COUN 600	***Professional Orientation - First Class to be taken***	Program Admission	3
COUN 574	Social & Cultural Issues	Program Admission	3
COUN 609	Research in Counseling	Program Admission	3
COUN 602	Human Development and Adjustment	Program Admission	3
COUN 675	Legal & Ethical Issues	COUN 600	3
COUN 603	Counseling Theories	COUN 600 and 574	3
COUN 607	Counseling Techniques	COUN 600 and 574	3
COUN 605	Theory & Practice Human Appraisal	COUN 600 and 574	3
COUN 604	Group Counseling	COUN 603 and 607	3
COUN 631	Diagnosis & Treatment Planning	COUN 603, 607, and 675	3
COUN 555	Crisis Intervention	COUN 600 and 574	3
COUN 608*	Practicum	COUN 603, 607, and 675	3
COUN 606	Career and Lifestyle Development	COUN 600 and 574	3
COUN 575	Prevention & Treatment of Addictions	COUN 603, 607, and 675	3
COUN	Advisor- Approved Elective	COUN 603, 607, and 675	3
COUN 691 (A)*	Mental Health Internship Part A ***(Must successfully complete the comprehensive exam)***	COUN 604, 608, and 631	3
COUN 632	Introduction Marriage, Couple, and Family Counseling	COUN 600 and 574	3
COUN	Advisor- Approved Elective	COUN 603, 607, and 675	3
COUN	Advisor- Approved Elective	COUN 603, 607, and 675	3
COUN 691 (B)*	Mental Health Internship Part B	COUN 604, 608, and 631	3
		Total Hours	60

****COUN 608 and 691 require a separate clinical training orientation, and application completed one semester prior to enrolling. It is recommended that COUN 608 and COUN 691 be taken your final three terms in the program. All COUN courses are pre-approved electives. For other considerations, please consult with your faculty advisor.***

Disclosure Statement:

I understand that I will likely be asked to complete a background check upon entering the Practicum and/or Internship experience in the Counseling Department at Marshall. I understand that, should there be any previous or future offenses that are found on that background check, they may prevent me from completing the Practicum and/or Internship experience and thus prevent me from completing the academic program. I also understand that certain previous and future offenses, though they may not prevent me from completing the Counseling Master's degree at Marshall University, may prevent me from becoming credentialed to practice counseling in various locations. I understand that it is my responsibility to determine whether any prior or future record of offenses may obstruct these academic and professional goals and whether there is any means of rehabilitation that may be available to me to assist in the process. If any future offenses occur, I understand it is my responsibility to notify my faculty advisor to discuss it immediately.

☐ I agree to the statement the above.

By signing below, you acknowledge the following:

1. My advisor must approve all changes to your plan of study in writing.
2. Registering for courses out of sequence may delay my graduation.
3. Registering for courses outside of my plan of study may not be covered by financial aid.
4. My enrollment may be changed to another section of the same course in which I enrolled.
5. I am required to maintain a minimum GPA of 3.0 in my overall graduate record and fulfill all other university and Counseling Department performance requirements.
6. Only three (3) credits of “C” can be applied to my plan of study; no credits below a “C" or "NC” will be accepted.
   No Cs will be accepted in COUN 608, 691, or 698.
7. I am required to meet knowledge, skill, and disposition benchmarks and/or complete the required retention and remediation interventions for successful matriculation and graduation.
8. I have reviewed my plan of study alongside my licensure and/or certification goals.
9. Early in the term that I plan to graduate, I will need to apply for graduation *(https://www.marshall.edu/registrar/forms/)*.

☐ I agree to the statement the above.

Sign Below:

* (click to sign)

Student's Signature _____ Date _____

*

Advisor's Signature _____ Date _____

*

Chair's Signature _____ Date _____

*

Graduate Dean Representative's Signature _____ Date _____

Save Progress | Submit Form