THE UNIVERSITY OF TOLEDO
1872

☐ Original Submission Date _____
☐ Amended Date _____

RETURN TO: College of Graduate Studies
(Office for Respective Campus)

Main Campus
University Hall Room 3240
Mail Stop 933

Health Science Campus
Mulford Library Room 117
Mail Stop 1042

Plan of Study for the Master's Degree

Description: The Plan of Study serves two main purposes. By defining a student's course of study, it provides focus and direction to his or her graduate degree program and it constitutes an agreement that successful completion of the proposed course of study and the general degree requirements will result in the awarding of the degree. Each student working for a degree is required to file a Plan of Study with the College of Graduate Studies prior to the completion of 12 credit hours. This plan must be approved by the Advisor, the Chairman or Program Director and the Associate College Dean before being submitted to the College of Graduate Studies. It is understood that the first "Plan of Study" filed by a student may be subject to change as he/she progresses. However, it is the student's responsibility to notify the College of Graduate Studies of any changes to an approved plan of study. According to the University of Toledo General Catalog, it is the policy that credit applied towards the master's degree must have been earned within the period of six years immediately preceding the time the degree is awarded.

Instructions:

1. List all credits earned or to be earned that you would like to apply toward fulfillment of the Master's degree requirements.
2. Under "Course Alphanumeric Code," give department and course number as they were taken or are to be taken. Give the course title in the second column. Enter term and grade information as appropriate.
3. Complete the "Credits "column for all courses listed.
4. Obtain all required signatures and forward to the College of Graduate Studies for final approval.
5. If there are significant changes, a new "Plan of Study" should be completed. If there are minimal changes, a "Plan of Study Course Substitution" form may be used.

Last Name: _____ First Name: _____ M. I._____

Rocket ID: _____ First Semester Enrolled (term/year): _____

College: SJHS _____ Degree: MA _____ Major: Clinical Mental Health Counseling _____

Time Limitation for Degree (term/year): _____ Expected Graduation (term/year): _____

List all graduate courses required for the degree

Course Alphanumeric Code	Course Title	Term	Grade	# of Credits	Graduate College use only
HSHS 6000	Stat & Rsrch for Hlth Sci & Hum Srvc			3.00	
COUN 5020	Prof Orientation to Community Counseling			3.00	
COUN 5110	Career Couns & Devel			3.00	
COUN 5120	Indiv & Group Assessment			3.00	
COUN 5130	Group Counseling			4.00	
COUN 5140	Counseling Theories & Techniques			4.00	
COUN 5150	Counseling Across the Lifespan			3.00	
COUN 5160	Cultural Diversity-Couns & Schl Psych			3.00	
COUN 5190	Counseling Practicum			4.00	
COUN 6940	Counseling Internship			8.00	
COUN 6240	Diagnosis & Mental Health Counseling			4.00	
COUN 6210	Psychopathology			4.00	
COUN 7540	Advanced Personality Assessment			4.00	
	Elective (Specify)			4.00	

	Elective (Specify)			3.00	
	Elective (Specify)			3.00	

Program Total 60.00

Additional program degree requirements (please check all that apply):

☐ Thesis

☐ Project

☐ Other (please specify) ______________________

☐ Other (please specify) ______________________

☐ Seminar

☐ Comprehensive Exam

☐ Other (please specify) ______________________

☐ Other (please specify) ______________________

Meets requirements of Catalog/Year ______________________________

Comments/Notes/Justification Regarding Transfer and/or Substituted Courses

General Approvals:

Student (printed or typed)	Signature	Date
Advisor (printed or typed)	Signature	Date
Chairman or Program Director (printed or typed)	Signature	Date
Associate Dean, Degree Program (printed or typed)	Signature	Date
Dean or Senior Associate Dean, Graduate College (printed or typed)	Signature	Date