☒ Original Submission Date 9/10/2010
☐ 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: Bumstead First Name: Dagwood M. I. J

Rocket ID: R00054321 First Semester Enrolled (term/year): Fall 2010

College: HSHS Degree: MA Counselor Education Major: Community Counseling

Time Limitation for Degree (term/year): 6 years Expected Graduation (term/year): Spring 2014

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	Fall 10		3.00	
COUN 5020	Prof Orientation to Community Counseling	Smr 11		3.00	
COUN 5110	Career Couns & Devel	Fall 10		3.00	
COUN 5120	Indiv & Group Assessment	Smr 11		3.00	
COUN 5130	Group Counseling	Spr 11		4.00	
COUN 5140	Counseling Theories & Techniques	Fall 10		4.00	
COUN 5150	Counseling Across the Lifespan	Fall 11		3.00	
COUN 5160	Cultural Diversity-Couns & Schl Psych	Spr 11		3.00	
COUN 5190	Counseling Practicum	Spr 12		4.00	
COUN 6940	Counseling Internship	Fall 13		8.00	
COUN 6240	Diagnosis & Mental Health Counseling	Fall 11		4.00	
COUN 6210	Psychopathology	Spr 11		4.00	
COUN 7540	Adv Personality Assessment	Fall 12		4.00	

				Program Total	50.00

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

☐ Thesis ☐ Seminar

☐ Project ☐ Comprehensive Exam

☐ Other (please specify) _____ ☐ Other (please specify) _____

☐ Other (please specify) _____ ☐ Other (please specify) _____

Meets requirements of Catalog/Year 2008-2010

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

General Approvals:

Dagwood J. Bumstead		
Student (printed or typed)	Signature	Date
Ima Goodteacher		
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