

**NORTHWESTERN OKLAHOMA STATE UNIVERSITY**  
**GRADUATE PLAN OF STUDY**  
*Master of Counseling Psychology*

Name:

Student ID#:

<b>PROGRAM</b>	<b>Hours</b>	<b>Semester</b>
<b>Required Course (during first semester of graduate work)</b>		
UNIV 5010 Graduate Study Seminar	0	
<b>Required Classes</b>		
➤ <b>Human Growth &amp; Development</b>		
PSYC 5183 Human Growth and & Development	3	
➤ <b>Abnormal Behavior</b>		
PSYC 5213 Advanced Abnormal Psychology	3	
➤ <b>Appraisal or Assessment Techniques</b>		
PSYC 5173 Statistics of Assessment	3	
➤ <b>Counseling Theories &amp; Methods</b>		
PSYC 5863 Individual Counseling	3	
PSYC 5803 Counseling Strategies & Techniques ( <i>Pre: PSYC 5863</i> )	3	
➤ <b>Professional Orientation &amp; Ethics</b>		
PSYC 5013 Ethics	3	
➤ <b>Research</b>		
EDUC 5013 Introduction to Research	3	
➤ <b>Social &amp; Cultural Foundations</b>		
PSYC 5823 Multicultural Counseling	3	
➤ <b>Group Dynamics</b>		
PSYC 5813 Group Counseling ( <i>Pre: 5873 or concurrent</i> )	3	

**Choose Plan 1, Plan 2, or Plan 3 for the final 21 hours**

**1. Practicum/Internship**

PSYC 5893 Supervised Experience in Counseling ( <i>Pre: PSYC 5863, 5803</i> )	3
PSYC 5500 Practicum ( <i>first semester; (Pre: PSYC 5873, 5803, 5893)</i> )	3
PSYC 5500 Practicum ( <i>second semester, (Pre: PSYC 5873, 5803, 5893)</i> )	3
PSYC 5833 Career Education	3
PSYC 5133 Assessment: Achievement, Personality, and Cognitive Assessment ( <i>Pre: PSYC 5173</i> )	3

Elective: \_\_\_\_\_ 3

Elective: \_\_\_\_\_ 3

**2. Thesis Option**

Thesis	6
PSYC 5833 Career Education	3
PSYC 5133 Assessment: Achievement, Personality, and Cognitive Assessment ( <i>Pre: PSYC 5173</i> )	3

Elective: \_\_\_\_\_ 3

Elective: \_\_\_\_\_ 3

Elective: \_\_\_\_\_ 3

**3. Additional Electives Option**

PSYC 5833 Career Education 3

PSYC 5133 Assessment: Achievement, Personality, and  
Cognitive Assessment (*Pre: PSYC 5173*) 3

Elective: \_\_\_\_\_ 3

Elective: \_\_\_\_\_ 3

Elective: \_\_\_\_\_ 3

Elective: \_\_\_\_\_ 3

Elective: \_\_\_\_\_ 3

*TOTAL HOURS: (minimum 48 hours required)*

Approved: (*original signatures required*)

Student: \_\_\_\_\_ Date: \_\_\_\_\_

Advisory Committee:

Chair \_\_\_\_\_ Date: \_\_\_\_\_

Member \_\_\_\_\_ Date: \_\_\_\_\_

Member \_\_\_\_\_ Date: \_\_\_\_\_

Associate Dean of Graduate Studies: \_\_\_\_\_ Date: \_\_\_\_\_

Form revised 08.08.17, 9.9.2019

In what state would you plan to practice?