

**DEPARTMENT OF COUNSELOR EDUCATION**

*The College at Brockport  
State University of New York*

**STUDENT:** \_\_\_\_\_

**BANNER ID#:** \_\_\_\_\_

**PLAN OF STUDY**

*MSEd in Counseling*

**E-MAIL:** \_\_\_\_\_

*School Counselor Emphasis*

	<b>COURSE</b>	<b>COURSE TITLE</b>	<b>HOURS</b>	<b>GRADE</b>	<b>DATE</b>
<b>CORE COURSES</b>	EDC 501	SELF IN SOCIETY – SCHOOL COUNSELOR	6		
	EDC 602	COUNSELING CONCEPTS*	3		
	EDC 603	GROUP COUNSELING CONCEPTS*	3		
	EDC 604	CAREER DEVELOPMENT CONCEPTS	3		
	EDC 606	RESEARCH & PROGRAM EVALUATION	3		
	EDC 612	THE HUMAN EXPERIENCE	3		
	EDC 614	CONTEMPORARY ISSUES	3		
	EDC 685	MEASUREMENT & EVALUATION	3		
	EDC 720	INTEGRATION & APPLICATION OF BASIC CONCEPTS**	3		
	EDC 721	CLINICAL EXPERIENCE FOR INTEGRATION	3		
	WORKSHOP	CHILD ABUSE REPORTING	0		
WORKSHOP	PROJECT SAVE TRAINING	0			
<b>EMPHASIS COURSES</b>	EDC 619	COUNSELING IN SCHOOL SETTINGS	3		
	EDC 722	IMPLEMENTATION I – SCHOOL COUNSELOR***	3		
	EDC 735	CLINICAL EXPERIENCE FOR IMPLEMENTATION I – SCHOOL	3		
	EDC 728	IMPLEMENTATION II – SCHOOL COUNSELOR	3		
<b>ELECTIVE</b>			3		
<b>TRANSFER CREDIT (9 HRS.)</b>					
<b>TOTAL HOURS</b>			<b>48</b>		
<b>UG STATS COURSE</b>					

*Prior written approval must be obtained from your advisor for changes in your Program of Study.*

**CONTACT YOUR ADVISOR PERIODICALLY TO EVALUATE YOUR PROGRESS.**

The Department of Counselor Education should be informed of your anticipated graduation date at the beginning of the year in which it occurs.

\* Prerequisite: EDC 501 or instructor's permission.

\*\* COMPLETION OF A WORKSHOP ON CHILD ABUSE REPORTING AND A WORKSHOP ON PROJECT SAVE ARE REQUIRED. THIS IS A PREREQUISITE FOR EDC 720.

\*\*\* Prerequisite: EDC 619.

**STUDENT SIGNATURE**

**DATE**

**ADVISOR SIGNATURE**

**DATE**

**CHAIRPERSON SIGNATURE**

**DATE**

**6 SESSIONS OF COUNSELING** \_\_\_\_\_