

**DEPARTMENT OF
COUNSELOR EDUCATION**
*The College at Brockport
State University of New York*

STUDENT: _____

BANNER ID#: _____

MAILING ADDRESS: _____

CURRENT PHONE #: _____

CURRENT EMAIL: _____

PLAN OF STUDY

*Certificate of Advanced Study
CAS-School Counselor Emphasis*

MASTERS (TYPE/AREA)	DATE CONFERRED	INSTITUTION	CREDIT HRS.		
	COURSE	COURSE TITLE	HOURS	GRADE	DATE
REQUIRED CAS COURSES	EDC 883	COUNSELOR AS SYSTEMS CONSULTANT	3		
	EDC 884	GROUP THEORIES AND SUPERVISED PRACTICE	3		
	EDC 885	SUPERVISION OF COUNSELING	3		
ELECTIVE			3		
CREDIT HOURS SUBTOTAL:			12		
MASTERS CREDIT HOURS:					
ADDITIONAL CREDIT HOURS REQUIRED:					
TOTAL HOURS			60		

YOU ARE REQUIRED TO:

- ♦ Obtain prior written approval from your advisor for changes in your Plan of Study.
- ♦ Inform the Department of Counselor Education of your anticipated graduation date at the beginning of the year in which it occurs.
- ♦ Contact your advisor periodically to evaluate your progress.

Student Signature **Date**

Advisor Signature **Date**

Chairperson Signature **Date**