

Angelo State University

College of Education

Certification Plan



Texas School Counselor Certification

Name: _____
Last First Middle/Maiden

Street: _____ City: _____ State: _____ Zip: _____

First Semester _____ CID: _____ E-mail: _____@angelo.edu

Course	Name	Proposed Term
EDG 6320	Individual Counseling	
EDG 6321	Group Counseling	
EDG 6323	Theories of Counseling	
EDG 6324	Career and Occupational Counseling	
EDG 6325	Practicum in Counseling	
EDG 6331	Role of the School Counselor	

In addition to the coursework, I must pass the TExES (152-School Counselors) exam, have a current Texas Teacher Certification, and 2 years of teaching experience in a Texas Education Agency (TEA) accredited school to apply to become Texas School Counselor Certified.

Initial

Student _____ Date _____ Graduate Advisor _____ Date _____

Department Head _____ Date _____ Dean, College of Education _____ Date _____

Dean, College of Graduate Studies Date _____

PLEASE INITIAL EACH BOX

☐ I have completed a four-year baccalaureate degree from an accredited university.

☐ I agree to follow the coursework listed above for certification. Prior to any change to apply a course to the plan, a course modification form must be filed and approved by the Graduate Advisor.