Angelo State University
Department of Curriculum & Instruction
College of Education

Master of Education in Guidance & Counseling with *LPC option

Catalog Term:_____ Educational Site:_____

Name _____ _____ _____
Last First Middle/Maiden

Street _____ City _____ State ____ Zip _____

CID # _____ Phone (_____) _____-_____

Email _____@_____

Course	Name	Term Completed	Grade
	Foundation Courses		
CI 6327	**Social & Cultural Influences on Learning**		
CI 6351	**Human Growth & Development**		
CI 6363	**Applied Research**		
CI 6365	**Principles of Educational & Psychological Measurement**		
	Specialization Courses		
CI 6343	**Techniques of Counseling I**		
CI 6344	**Techniques of Counseling II**		
CI 6345	**Introduction to School & Community Counseling**		
CI 6346	**Theories of Counseling**		
CI 6347	**Career & Occupational Counseling**		
CI 6364	**Dysfunctional Behavior**		
CI 6366	**Professional Orientation**		
	Licensed Professional Counselor Option		
***CI 6367**	**Therapy with Children & Adolescents**		
***CI 6368**	**Family Counseling**		
***CI 6369**	**Technology Assisted Distance Counseling**		
***CI 6649**	**Practicum in Counseling**		

48 Semester Credit Hours Required SCH transferred _____ SCH To be completed at ASU _____

As a summative requirement for the degree, the candidate must successfully complete a comprehensive program review by a College of Graduate Studies committee.

_____ _____ _____ _____
Student Date Faculty Advisor Date

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

_____ _____
Dean, College of Graduate Studies Date