

Angelo State University
Department of Curriculum & Instruction
College of Education

Major: **Guidance & Counseling** M.Ed. Degree Plan _____

Catalog Term: _____ Certification Plan _____

Educational Site (choose one): _____ ASU San Angelo _____ Fredericksburg _____ Highland Lakes

Name _____

Last First Middle/Maiden

Street _____ City _____ State _____

CID # _____ Phone (_____) _____ - _____

Email _____ @ _____

Course	Name	Course Completed	Year Completed	University	Grade
Foundation Component					
ED 6327	Social and Cultural Influences in Learning				
ED 6322	Technology Applications in Education				
ED 6331	Tests & Measurements in Education				
ED 6351	Human Growth & Development				
ED 6362	The Education of Exceptional Children				
ED 6391	Research				
Specialization Area Courses					
ED 6343	Techniques of Counseling I				
ED 6344	Techniques of Counseling II				
ED 6345	Introduction to School Counseling				
ED 6346	Theories in Counseling				
ED 6347	Career & Occupational Counseling				
ED 6349	Practicum in Counseling				

Total SCH on Plan **Semester Credit Hours (SCH) Completed** **SCH To be Completed**

36 Required Total **Transfer** _____ **ASU** _____ _____

As a summative requirement for the degree the candidate must successfully present an electronic portfolio to a committee of Department of Curriculum & Instruction professors. To apply for the professional school counseling certificate the candidate must (1) pass the school counseling Texas Examinations of Educator Standards (TExES), (2) successfully complete two years of public school classroom teaching, and (3) submit the appropriate application and fee to the State Board of Educator Certification (SBEC).

_____ I understand that I am required to provide the ASU Certification Office with an official copy of my District Service (initial) Record before I can be recommended for certification.

Student **Date** **Faculty Advisor** **Date**

Department Head **Date** **Dean, College of Graduate Studies** **Date**