Angelo State University

Department of Curriculum and Instruction
College of Education

Major: Guidance and Counseling, Masters of Education

Catalog Term: Fall 2012

Name: _____ _____ _____
Last First Middle/Maiden

Street: _____ City: _____ State:_____

CID #: _____ Phone (____) _____-_____

ASU Email: _____@angelo.edu

Course	Name	Term Completed	Grade
Foundation Courses			
CI 6327	Social and Cultural Influences on Learning		
CI 6331	Tests and Measurements in Education		
CI 6351	Human Growth and Development		
CI 6363	Applied Research		
CI 6373	Educational Law		
Specialized Courses			
CI 6345*	Introduction to School and Community Counseling		
CI 6346*	Theories of Counseling		
CI 6347*	Career and Occupational Counseling		
CI 6348*	Individual and Group Counseling Skills		
CI 6349*	Practicum in Counseling		
CI 6362	Education of the Exceptional Child		
CI 6366	Professional Orientation		

36 SCH Required Total **Transfer_____** **ASU_____**

Classes marked with * are required for Certification
As a requirement for the degree, the candidate is required to successfully complete a Comprehensive Program Review (CPR) with a committee of professors from the Colleges of Education and Graduate Studies.

_____ _____ _____ _____
Student Date Graduate Advisor Date

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

_____ _____
Dean, College of Graduate Studies Date

03/2011

Member, Texas Tech University System