

MARQUETTE UNIVERSITY GRADUATE SCHOOL MASTER'S PROGRAM PLANNING FORM

This form must be completed and submitted to the Graduate School within the student's first semester of their program. A change to any of the data below will require the submission of a new, updated, signed and approved "Master's Program Planning Form". This form is required by the end of your first semester of your master's program. If you need assistance completing this form, please contact the Graduate School at 414-288-7137.

I. STUDE	NT INFORMATION - To be filled out by the student.	
Name:		MUID:
Program:	Clinical Mental Health Counseling	Adviser:
Degree:	Master of Science	Program Start Term: Fall 2023
Specialization	n: Clinical Rehabilitation Counseling (CRCO)	
Do you inten	d to pursue a certificate along with your master's degree? 🔃 Y	Yes No reartificate in counseling
If yes, which	certificate? NOT	Yes No No No Counseling No No Note: Mu doesn't offer a certificate in counseling
II. PROG	RAM REQUIREMENTS - To be filled out by student in	in collaboration with the student's adviser.
Track Option	Course Work	
Course Cred (Exclusive of	its Required (How many?): 60 thesis credits)	O V REGORDS
Thesis Credi	ts: Not Applicable	200 Land State Sta
Comprehens	ive Exam: Required	Caraga Malada Antina
Oral Present	ation/Defense Not Required	The state of the s
Foreign Lang	uage Exam: Not Applicable	Yes No OTE: MU doesn't offer a certificate in counseling in collaboration with the student's adviser. Date: Dat
II. SIGNA	ATURES	SEE ST. LEWIS TO SEE ST.
Student Signa	ature:	Date:
Adviser Signa	ature:	our advisor's name Date:
OGS or C <u>hair</u>	Approval/Signature: D	Dr. Alan Burkard Date:
Graduate Sch	nool Approval/Signature:	Date:
		Brint Form

Revised 10/15