

## 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.

STUDENT 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: No Specialization / General	
Do you intend to pursue a certificate along with your master's degree?   Yes  No  **Confidence in course	
If yes, which certificate?	
II. PROGRAM REQUIREMENTS - To be filled out by student in collaboration with the student's adv	
Track Option: Course Work	
Do you intend to pursue a certificate along with your master's degree? Yes No If yes, which certificate?  NOTE: MU doesn't offer a certificate in counseling.  NOTE: MU doesn't offer a certifi	
Thesis Credits: Not Applicable Edulation Report For Property Control of the Contr	
Comprehensive Exam: Required	
Oral Presentation/Defense Not Required CE:55: 51101 https://www.	
Foreign Language Exam: Not Applicable	
III. SIGNATURES NEW FOO	
Student Signature:	Date:
Adviser Signature: your advisor's name	Date:
DGS or Chair Approval/Signature: Dr. Alan Burkard	Date:
Graduate School Approval/Signature:	Date:

Print Form

Revised 10/15