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. 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 2022

Specialization: No Specialization / General

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

II. PROGRAM REQUIREMENTS - To be filled out by student in collaboration with the student's adv

Track Option: Course Work

Course Credits Required (How many?): 60
(Exclusive of thesis credits)

Thesis Credits: Not Applicable

Comprehensive Exam: Required

Oral Presentation/Defense: Not Required

Foreign Language Exam: Not Applicable

SAMPLE

NEW FORM PROCESS: Submit your Master's Program Planning Form through the DocuSign form.

https://www.marquette.edu/grad/forms.php

START MY Master's program planning FORM

III. SIGNATURES

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