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 2023
Specialization: Clinical Rehabilitation Counseling (CRCO)

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 adviser.

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

III. SIGNATURES

Student Signature: ___________________________ Date: ___________________________
Adviser Signature: ___________________________ Date: ___________________________
DGS or Chair Approval/Signature: Dr. Alan Burkard Date: ___________________________
Graduate School Approval/Signature: ___________________________ Date: ___________________________

Print Form Revised 10/15