

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.	No.
Name:	MUID:
Program: School Counseling	Adviser:
Degree: Master of Arts	Program Start Term: Fall 2023
Specialization: n/a	
Do you intend to pursue a certificate along with your master's degree?	Yes No
If yes, which certificate?	Yes No No Note: MU doesn't offer a certificate in counseling
II. PROGRAM REQUIREMENTS - To be filled out by student in	n collaboration with the student's adviser.
Track Option: Course Work	Tr. Through I
Course Credits Required (How many?): 48 (Exclusive of thesis credits)	anning for
Thesis Credits: Not Applicable	Carper Prov. Sall Burgar Man Long Sall
Comprehensive Exam: Required	Separate Same
Oral Presentation/Defense Not Required	Yes No No doesn't offer a certificate in counseling no collaboration with the student's adviser. Collaboration with the student's adviser. Collaboration with the student's adviser. Date: Date:
Foreign Language Exam: Not Applicable	C'fe Se Con Hilder Hay A That Hage
III. SIGNATURES	SIR
Student Signature:	Date:
Adviser Signature: Alan Burkard, P	h.D Date:
DGS or Chair Approval/Signature: Alan Burkard, Ph.I	Date:
Graduate School Approval/Signature:	Date:
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Revised 10/15