

**Doctor of Philosophy in Urban Education – Counseling Psychology
PLAN OF COURSEWORK**

Complete and return this form to your academic advisor for his/her approval and signature by **October 1st during the first semester of study**. Your advisor will then forward it through the proper channels for final approval. Your copy will be returned when all approvals have been obtained. **Please type or print in ink.**

Name _____ Student ID # _____

Address _____ City/State/Zip _____ Email _____

Home Phone _____ Cell Phone _____ Year Admitted _____

Specialization: Counseling Psychology

I. Program Core – 19-20 Total Hours (Date completed)

EDU 800 (3) _____ EDU 801 (3) _____ EDU 807 (4) _____ EDU 802 (3) OR EDU 808 (4) _____
 EDU 806 (2) _____ EDU 701 (2) _____ EDU 715 (2) _____ OR EDU 714 (2) _____

II. Specialization -- Min 20 Hours (List course and number of credits) (Date Completed) If a pre-approved course equivalent was taken in place of any course below, please provide the equivalent course number and university at which the course was taken. Add below any prerequisite courses not completed prior to enrollment in the doctoral program.

CNS 765 (3) _____ CNS 738 (3) _____ CNS 888 (4) _____ CNS 782 (2) _____
CNS 702 (3) _____ CNS 825 (4) _____ CNS 780 (6) _____ CNS 712 (3) _____
CNS 703 (3) _____ CNS 826 (4) _____ CNS 781 (6) _____ PSY 562 (3) _____
PSY 525 (3) _____ PSY 677 (3) _____ PSY 588 (3) _____ PSY 591 (2) _____
PSY 592 (2) _____ EDU 700 (1) _____ _____ () _____ _____ () _____

III. Electives (if any)

_____ () _____ () _____ () _____ ()

IV. EDU 895: Doctoral Research/EDU 899: Dissertation Credit -- Minimum 10 Hours

(List course number and credit)

_____ () _____ () _____ () _____ () _____ () _____ ()
 _____ () _____ () _____ () _____ () _____ () _____ ()
 _____ Total Research/Dissertation Hours

V. Transferable Credits From Another Institution – 16 hours maximum (List institution, course number and credit hours). Note: Only post-master's courses are transferable.

_____ Total Program Hours (67 minimum)

Student's Signature: _____ Date _____

Advisor's Signature: _____ Date _____

Signature of Program Director: _____ Date _____