Graduate School Master's Plan of Study

SAD 130, Box 2201 Brookings, SD 57007 (605) 688-4181 Return to Student Services Coordinator: Sign and submit thisthisuRetdi(toTd[)-15 (i)-0)-4 .2390 T0I3 (a)-15 (i)-2.3 (s)/MCID n 1.5 2.28j-0.002 Tc 0.

	755	Clinical Diagosis and Treatment Planning	4
CHRD	766	Group Counseling	3
CHRD	770	Student Development: Theory and Practice	3
CHRD	771	Student Personnel Services	3
CHRD	772	Administration & adership in Student Affairs	3
CHRD	773	Current Issues in AcademAcdvising and Student Affairs	3
CHRD	785	PrePracticum	3
CHRD	786	Counseling Practicur(Minimum 100 hours)	3
CHRD	79	Counseling InternshipCollege(Minimum 600hours)	6
		Add 6 Additional Elective Credits	6
		Total Credits	60

**Please indicate proposed transfer credits by listing the institution after the course title. Use the course number and name as it appears on the transcript. Transfer approval is contingent upon the Graduate School receiving official transcripts from colleges/universities and courses meeting all transfer requirements.

Student's Signature

Major Advisor's Signature_____

_____ Date _____

_ Date_____ (Must have Graduate Faculty Status)