# Master of Arts in School Counseling

**Recommended Course Sequence**

**Admitted Fall 2023**

|  |  |  |
| --- | --- | --- |
| **Fall Year 1** | **Spring Year 1** | **Summer Year 1** |
| COUN 6000\*Introduction to Counseling | COUN 6001\* Foundations of School Counseling | COUN 6080\*Career Development and Counseling |
| COUN 6020\* Life-Span Human Development | COUN 6010\*Professional Ethics and Legal Issues in School Counseling | COUN 6160\*\*Counseling with Children and Adolescents |
| COUN 6030\*Theories of Counseling | COUN 6120\*Group Counseling |  |
| COUN 6060\*Psychopathology and Diagnosis | COUN 6970\* School Counseling Practicum  |  |
| **Fall Year 2** | **Spring Year 2** |  |
| COUN 6070\*\*Assessment in Counseling | COUN 6410Leadership and Educational Administration for School Counseling |  |
| COUN 6040\*\*Multicultural Counseling | COUN 6990\*\*Internship in School Counseling |  |
| COUN 6050\*\*Research Methods in Counseling |  |  |
| COUN 6990\*\*Internship in School Counseling  | **PRAXIS Exam** (to be taken by the end of February) |  |

 \*Prerequisite for COUN 6990 Internship in School Counseling

\*\*Must be taken prior to or concurrently with COUN 6990 Internship in School Counseling

After discussing the plans indicated above with your advisor, please sign below and submit this form to the CECP Office (coreen.bukowski@marquette.edu). The Department keeps the original signed copy of the form in each student’s file. Students need include a copy in their Portfolios.

**Expected Date of Comprehensive Exam** (*Month/Year*):

**Expected Date of Graduation** (*Month/Year*):

**Student Name:** Molly Bonner

**Student Signature: Date:**

**Advisor Signature:** **Date:**

# Master of Arts in School Counseling

**Recommended Course Sequence**

**Admitted Fall 2023**

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**Expected Date of Comprehensive Exam** (*Month/Year*):

**Expected Date of Graduation** (*Month/Year*):

**Student Name: Justina Cheng**

**Student Signature:** **Date:**

**Advisor Signature:** **Date:**

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**Recommended Course Sequence**

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**Expected Date of Comprehensive Exam** (*Month/Year*):

**Expected Date of Graduation** (*Month/Year*):

**Student Name: Caroline Fink**

**Student Signature:** **Date:**

**Advisor Signature:** **Date:**

# Master of Arts in School Counseling

**Recommended Course Sequence**

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**Expected Date of Comprehensive Exam** (*Month/Year*):

**Expected Date of Graduation** (*Month/Year*):

**Student Name: Grace Furey**

**Student Signature:** **Date:**

**Advisor Signature:** **Date:**

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**Recommended Course Sequence**

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**Expected Date of Comprehensive Exam** (*Month/Year*):

**Expected Date of Graduation** (*Month/Year*):

**Student Name: Aaron Johnson**

**Student Signature:** **Date:**

**Advisor Signature:** **Date:**

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**Expected Date of Comprehensive Exam** (*Month/Year*):

**Expected Date of Graduation** (*Month/Year*):

**Student Name: Courtney Landon-Scott**

**Student Signature:** **Date:**

**Advisor Signature:** **Date:**

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**Expected Date of Comprehensive Exam** (*Month/Year*):

**Expected Date of Graduation** (*Month/Year*):

**Student Name: Theresa Peters**

**Student Signature:** **Date:**

**Advisor Signature:** **Date:**

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**Expected Date of Comprehensive Exam** (*Month/Year*):

**Expected Date of Graduation** (*Month/Year*):

**Student Name: Mattey Voboril**

**Student Signature:** **Date:**

**Advisor Signature:** **Date:**

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**Expected Date of Comprehensive Exam** (*Month/Year*):

**Expected Date of Graduation** (*Month/Year*):

**Student Name: Brianna Yi**

**Student Signature:** **Date:**

**Advisor Signature:** **Date:**