

PROGRAM of STUDY

Please type all required information. Do not handwrite. List courses in the order they were/will be completed. Each course, directed reading, independent study, etc. should be listed on a separate line. Include only those courses that will be applied to the degree.

MASTER of CLINICAL MENTAL HEALTH COUNSELING

M202

MAJOR: Clinical Mental Health Counseling (Online)

NAME: _____

OU ID: _____

Transfer credits are not accepted for the online Master of Clinical Mental Health Counseling program.

COURSE PREFIX & NUMBER	COURSE NAME	INSTRUCTOR	HOURS	GRADE	SEMESTER & YEAR	CREDIT*
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* For OU graduate courses including Norman, Tulsa, and Extended Campus, leave this column blank. For transfer credit (including OU Health Sciences Center courses), enter the institution name in this column. For courses applied to a dual master's degree, enter **Shared** in this column.

CORE REQUIREMENTS: 24 hours.

H R 5533	Counseling Theories in Clinical Mental Health Counseling		3			
H R 5503	Research for Counseling		3			
H R 5923	Human Growth and Development		3			
H R 5453	Ethical Issues in H R Counseling		3			
H R 5613	Assessment and Evaluation in Counseling		3			
H R 5563	Career Counseling		3			
H R 5433	Group Counseling in Human Relations		3			
H R 5593	Multicultural Counseling		3			

REQUIRED FOCUS COURSES: 36 hours. The comprehensive exam will be completed during the last two semesters of the program concurrently with Counseling Internship I and, if needed, Counseling Internship II.

H R 5883	Introduction to the Counseling Profession		3			
H R 5463	Counseling Skills in Human Relations		3			
H R 5483	Diagnosis in Human Relations Counseling		3			
H R 5633	Advanced Counseling Skills		3			
H R 5663	Psychopathology		3			
H R 5283	Clinical Practicum		3			
H R 5413	Addictions Counseling		3			
H R 5513	Couples and Family Counseling		3			
H R 5643	Crisis Intervention and Trauma Counseling		3			
H R 5893	Psychopharmacology		3			
H R 5903	Counseling Internship I		3			
H R 5913	Counseling Internship II		3			

TOTAL HOURS:

60 hours required

I intend to graduate in the _____ semester. I hereby request approval of my program of study as outlined above. I understand that I am responsible for reviewing the policies and procedures governing graduate study at the University of Oklahoma as published in the [Graduate College Bulletin](#).

Student Signature

Date



I have reviewed the above-named student's proposed program of study and I recommend approval.

Printed Name of Graduate Liaison

Graduate Liaison Signature

Date

FOR GRADUATE COLLEGE USE ONLY:

Program effective **Summer 2023**. Semester Admitted/Re-admitted: _____

Date Checked: ____/____/____ | Timeline Begins: ____/____/____ | Hours Required: ____ | **OK** ____ **Problem** ____