



**SONOMA STATE UNIVERSITY**  
**Graduate Studies**  
**Completion of Requirements**

**GSO2**

Name		Student ID #	
		Telephone Home/Cell	
Email Address			
Program	<b>Masters in Counseling</b>	Authorized Concentration	<b>CMHC</b>

**Graduate Course of Study**

University-wide criteria: Minimum of 30 units; 15 units must be at 500 level; Two-thirds units must be letter-graded; minimum GPA of 3.0 in program coursework with no course below a C (2.0); a minimum of 21 units should be done in residence with a maximum of 30% of coursework allowed in transfer (for large unit programs); no more than 6 units allowed for the thesis; no classes completed as an undergraduate may be used except those granted provisional graduate credit prior to award of baccalaureate degree.

Dept&Course No.	Title	Units	Grade	Semester Taken/Place
Coun 501	Theory & Practice of the Professional Counselor	4		
Coun 502	Whole Lifespan Development	4		
Coun 503	Clinical Diagnosis and Treatment Planning	4		
Coun 510A	Applied Counseling Techniques and Assessment	4		
Coun 510B	Applied Counseling Practicum and Advanced Techniques	4		
Coun 511F	Career Counseling	3		
Coun 512	Theory & Practice of Group Counseling	4		
Coun 513	Research, Evaluation, and Assessment in Counseling	4		
Coun 515A	Clinical Mental Health Counseling Field Experience I	4		
Coun 515B	Clinical Mental Health Counseling Field Experience II	4		
Coun 540	Counseling Diverse Couples and Families	4		
Coun 545	Counseling Orientation, Law & Ethics, and Case Mgt Practices	4		
Coun 570	Multicultural Counseling	4		
Coun 580	Couples and Sexuality Counseling	4		
Coun 582	Psychopharmacology for Counselors	3		
Coun 583	Substance Abuse and Dependence	2		

Total (total units is 60, unless additional courses noted):

**Completion of Requirements:**

Site #1

Site #2

<b>Traineeship</b>		
<b>Start / End Date</b>		
<b>Direct &amp; Total hours</b>	<b>Direct:</b> _____ <b>Total:</b> _____	<b>Direct:</b> _____ <b>Total:</b> _____

<b>Exit Exam:</b>	<b>Date Taken</b>	<b>Score</b>

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**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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**Final Review/Approval: Faculty Advisor** \_\_\_\_\_ **Date** \_\_\_\_\_

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**Signature, Department Chair** \_\_\_\_\_ **Date** \_\_\_\_\_ **Signature, Graduate Studies** \_\_\_\_\_ **Date** \_\_\_\_\_