

TREVECCA NAZARENE UNIVERSITY GRADUATE PROGRAM
Doctor of Philosophy
Clinical Counseling: Teaching and Supervision
Marriage and Family Cognate
Program of Study
66 HOURS

Name: _____ Student ID#: _____

33 HOUR CORE:

DEPT	COURSE NUMBER	COURSE TITLE	HRS	HOURS COMPLETED	HOURS TRANSFERRED*
CSL	7001	Advanced Group Psychotherapy (Practicum)	3		
CSL	7002	Ethical Standards and Legal Issues	3		
CSL	7003	Psychodynamic Psychotherapies	3		
CSL	7004	Cognitive Behavioral Therapies	3		
CSL	7005	Postmodern Psychotherapies	3		
CSL	7009	Advanced Multicultural Counseling	3		
CSL	7010	Issues of Integration: Christian Ideology in a Prof. World	3		
CSL	7151	Psychological Testing for Counselors	3		
CSL	7007	Treating Addictions: A Family Dyn. Approach	3		
CSL	7008	Diagnosis & Treatment of Sexual Disorders	3		
CSL	7103	Specialized Systemic Family Therapy (Practicum)	3		

_____ + _____ = _____

6 HOUR MARRIAGE AND FAMILY COGNATE:

DEPT	COURSE NUMBER	COURSE TITLE	HRS	HOURS COMPLETED	HOURS TRANSFERRED*
CSL	7101	Preventative Approaches: Premarital Therapy and Enrichment Activities	3		
CSL	7102	Theories of Affect Regulation and Attachment	3		

6 HOUR SUPERVISION/TEACHING:

DEPT	COURSE NUMBER	COURSE TITLE	HRS	HOURS COMPLETED	HOURS TRANSFERRED*
CSL	7201	Supervision Models	3		
CSL	7251	Technology & Teaching Strategies in Counselor Education	3		

6 HOUR INTERNSHIP:

DEPT	COURSE NUMBER	COURSE TITLE	HRS	HOURS COMPLETED	HOURS TRANSFERRED*
CSL	7360	Doctoral Internship I	2		
CSL	7361	Doctoral Internship II	2		
CSL	7362	Doctoral Internship III	2		

*Only 6 credits hours of internship is required

*Section 01 – Counseling; Section 02 – Supervision; Section 03 - Teaching

_____ + _____ = _____

15 HOUR RESEARCH/DISSERTATION:

DEPT	COURSE NUMBER	COURSE TITLE	HRS	HOURS COMPLETED	HOURS TRANSFERRED*
CSL	7301	Doctoral Research Methodology	3		
CSL	7302	Statistical Analysis in Clinical Practice	3		
CSL	7300	Dissertation Proposal Development	3		
CSL	7303	Dissertation – I	2		
CSL	7303	Dissertation – II	2		
CSL	7303	Dissertation - III	2		

_____ + _____ = _____

***TRANSFER CREDIT** (nine hours of transfer credit is allowed):

DEPT	COURSE NUMBER	COURSE TITLE	NAME OF INSTITUTION	GRADE	DATE TAKEN	CREDIT HOURS

TOTAL COMPLETED HOURS: _____

Advisor Date

Director of Graduate Psychology Programs Date