

**TREVECCA NAZARENE UNIVERSITY GRADUATE PROGRAM**  
**MASTERS OF ARTS IN COUNSELING**  
**PROGRAM OF STUDY**  
**60 HOURS**

Name: \_\_\_\_\_ SS #: \_\_\_\_\_

**GENERAL COUNSELING CORE:**

DEPT	COURSE NUMBER	COURSE TITLE	HRS	HOURS COMPLETED	HOURS TRANSFERRED*
CSL	5220	Lifespan Development	3		
CSL	5420	Personality Theory	3		
CSL	5430	Group Therapy and Process	3		
CSL	5231	Theories of Counseling & Psychotherapy	3		
CSL	5250	Counseling Diverse Populations	3		
CSL	5240	Advanced Abnormal Psychology	3		
CSL	5390	Effective Treatments in Therapy	3		
CSL	5472	Professional Standards and Ethics	3		
CSL	5100	Introduction to Psychological Research	3		
CSL	5441	Introduction to Psychological Testing	3		
CSL	5330	Chemical Use & Abuse	3		
CSL	5230	Career Counseling: Theory and Practice	3		
CSL	5482	Practicum: Techniques and Interventions I (50/20)	3		
CSL	5483	Practicum: Techniques and Interventions II (50/20)	3		

\_\_\_\_\_ + \_\_\_\_\_ = \_\_\_\_\_

**SPECIFIC CORE: COUNSELING**

DEPT	COURSE NUMBER	COURSE TITLE	HRS	HOURS COMPLETED	HOURS TRANSFERRED*
CSL	5447	Internship in Counseling I (200/80)	3		
CSL		Elective	3		
CSL	5448	Internship in Counseling II (200/80)	3		
CSL		Elective	3		
CSL	5449	Internship in Counseling III (200/80)	3		
CSL		Elective	3		

\_\_\_\_\_ + \_\_\_\_\_ = \_\_\_\_\_

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

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

**TOTAL COMPLETED HOURS:** \_\_\_\_\_

\_\_\_\_\_  
 Advisor Date

\_\_\_\_\_  
 Director of Graduate Psychology Programs Date