DEGREE/CERTIFICATION PLAN
Texas A & M University- Kingsville
Department of Educational Leadership and Counseling
M.S. in Counseling and Guidance
Certification Eligibility in School Counseling (48 hours)

Initial Plan ___ Revised Plan ___ Final Plan ___ Licensure/Cert ___ Date: _____
Name: _____ K #: _____
Address: _____ City: _____Zip Code: _____
Primary phone: _____ email: _____

CORE and SPECIALIZATION (HOURS 45 REQUIRED)

SEMESTER COMPLETED

_____ EDCG 5310 Prof Orientation & Ethical prac (3)
_____ EDCG 5311 Theories of Counseling (3)
_____ EDCG 5312 Counseling Techniques (3
_____ EDCG 5321 Abnorm. Human Behav (3)
_____ EDCG 5323 Group Counseling (3
_____ EDCG 5324 Assessments
_____ EDCG 5329 Educational Research (3)
_____ EDCG 5347 Counseling the culturally Diverse (3)
_____ EDCG 5355 Mats and Tech for Career (3)
_____ EDCG 5339 Human Growth & Dev. (3))
_____ EDCG 5357 Field Practicum (3)
_____ EDCG 5364 Crisis Counseling(3)
_____ EDCG 5345 Diagnosis (3)
_____ EDCG 5354 Program Devel for School (3)
_____ EDCG 5358 Elem Guidance & Couns (3)

RESOURCE (choose 3 HOURS)

SEMESTER COMPLETED

_____ EDCG 5315 Ethics & Legal Issues (3)
_____ EDCG 5350 Marriage and Family (3)
_____
_____ EDCG 5341 Special Topics_____ (3)
_____ EDCG 5322 Substance Abuse (3)
_____
_____
_____ EDCG 5366 Internship I (3)
_____
_____ EDCG 5368 Internship II (3)

Forty eight (48) semester hours (45 core hours and three 3 semester hours of resource) must be completed for school certification eligibility will constitute a Master's Degree.

1. Application to the Educator Preparation program is required prior to beginning course work.
2. This form must be filed within the first 12 credit hours.
3. School Counselor certification requires practicum experience in a school setting.
4. All "I" grades must be removed within 12 months.
5. Independent Study requests must meet strict guidelines for approval.
6. All degree work must be completed within 5 years.
7. All work must be coordinated through the advisor.
8. All comprehensive exams, once passed are valid for one year.

_____ _____
Student Signature Advisor Signature

_____ _____
Coordinator Signature Dept. Chair Signature

Copies to: ___ Graduate Office ___ Student ___ Advisor ___ Dept. ___ Cert. Office
(School Certification only)

Revised: spring 2021