

**Counseling Ministries
Master of Arts**

Name _____

Student # _____ CPO _____

Preferred email: _____

*Expected Graduation Date: _____

***Students cannot be packaged for FINANCIAL
AID without an Expected Graduation Date.**

Degree Requirements

- _____ PSYC 512 Theories and Principles of Counseling (4)
- _____ PSYC 551 Counseling Challenges in Ministry (2)
- _____ PSYC 596 Graduate Practicum (4)
- _____ PSYC 597 Practicum Seminar (0)
- _____ PSYC 611 Social, Cultural and Spiritual Fdnts 1 (1)
- _____ PSYC 612 Social, Cultural and Spiritual Fdnts II (1)
- _____ PSYC 614 Group Therapy I (2)
- _____ PSYC 614L Group Therapy Lab (1)
- _____ PSYC 624 Issues in Professional Practice (3)

**Transfer courses or exceptions require
adviser's initials.**

Clinical Core Courses (6 hrs)

- _____ PSYC 621 Humanistic/Experiential Theory (2)

AND ↗ ↘

- _____ PSYC 621L Basic Interviewing Skills Lab (1)
- _____ PSYC 622 Psychodynamic Theory (3)
- _____ PSYC 623 Cognitive-Behavioral Theory (3)
- _____ PSYC 636 Family Systems Theory & Therapy (3)

Theological Studies Requirement (6)

- _____ BITH 561 Theological Anthropology (2)

AND

- _____ BITH 565 Christian Theology (4)

OR

- _____ BITH 566 Foundations of Biblical Interpretation (4)

OR

- _____ BITH 576 History of Christianity to 1900 (4)

Electives*

_____ Total Hrs (36)

**I understand I must complete these requirements
Within 5 years of beginning the MA degree program:**

Your signature and date

Adviser signature and date

Registrar's Office Rep signature & date

Notes:
