

Ph.D. in Counselor Education (69 SCH minimum)
Texas A&M University - Corpus Christi- College of Graduate Studies
DEGREE PLAN

Student's Name _____ Student ID Number _____ Catalog Year _____

Street Address _____ City/ State/ Zip _____ Home Phone _____ Entry Term _____

REQUIRED ENTRY LEVEL COURSES: XX Semester Credit Hours					
Course #	Title		Hrs	Grade	Semester
			3		
			3		
REQUIRED CORE COURSES: 30 Semester Credit Hours					
CNEP	6305	Advanced Theories of Counseling	3		
CNEP	6310	Advanced Counseling Strategies	3		
CNEP	6315	Professional, Legal, and Ethical Issues	3		
CNEP	6320	Advanced Appraisal Techniques	3		
CNEP	6335	Consultation Theory and Methods	3		
CNEP	6350	Supervision	3		
CNEP	6355	Leadership and Administration in Counselor Education	3		
CNEP	6395	Doctoral Practicum in Counseling	3		
CNEP	6396	Doctoral Internship	3		
CNEP	6396	Doctoral Internship	3		
REQUIRED ELECTIVE COURSES - 15 Semester Credit Hours					
CNEP	6319	Application of Family Counseling	3		
CNEP	6325	Adv. Sem in Career/Life Planning	3		
CNEP	6316	Research, Writing, and Publishing in a Multicultural Society	3		
CNEP	6365	Advanced Research and Design in Wellness and Stress	3		
CNEP	6345	Knowledge-Base in CE	3		
RESEARCH TOOLS: 15 Semester Credit Hours					
CNEP	6360	Research Design and Statistics	3		
CNEP	6370	Advanced Quantitative Analysis	3		
CNEP	6372	Seminar in Applications of Advanced Statistical Techniques and Evaluation Methodology	3		
CNEP	6384	Qualitative Research Design	3		
CNEP	6397	Research Seminar	3		
DISSERTATION - 9 Semester Hours (minimum)					
CNEP	6398	Ph.D. Dissertation	3		
CNEP	6398	Ph.D. Dissertation	3		
CNEP	6398	Ph.D. Dissertation	3		

All courses on this degree plan must be approved by the advisor and completed in the 7 year period prior to graduation.

Expected Graduation Date : _____

Student Signature _____ Date _____

Preliminary Approval

Faculty Advisor Name _____ Department Chair Name _____

Faculty Advisor Signature _____ Date _____ Department Chair Signature _____ Date _____

Final Approval

Faculty Advisor Name _____ Department Chair Name _____

Faculty Advisor Signature _____ Date _____ Department Chair Signature _____ Date _____

Please submit the original degree plan with the approval signatures to the Office of Research & Graduate Studies (FC 179C) PRIOR to completing 18 months in the doctoral program.

For Graduate Office Use Only:

____ Graduate Dean Approval (initials only) _____ Date
 ____ Copy sent to College (Initials only) _____ Date
 ____ Data entered on spreadsheet (Initials only) _____ Date
 ____ Audit complete (Initials only) _____ Date