

**HOUSTON BAPTIST UNIVERSITY DEGREE PROGRAM PLAN
MASTER OF ARTS
CLINICAL MENTAL HEALTH COUNSELING**

NAME: _____ H# _____
Last First Middle

LOCAL ADDRESS: _____
Street City/State Zip Code

DAY PHONE: _____ CELL PHONE: _____ EVENING PHONE: _____

EMAIL ADDRESS: _____

CATALOG YEAR: 2021/2022 DATE: _____

To earn a Master of Arts in Counseling 60 semester hours are required.

Master of Arts in Counseling Requirements		HOURS
COUN 5309	Counselor Professional Identity and Function	3
COUN 5310	Ethical and Legal Issues in Counseling	3
COUN 5316	Human Growth and Development	3
COUN 5317	Multicultural Counseling	3
COUN 5318	Counseling Skills and Techniques	3
COUN 5319	Spirituality, Theology and Counseling	3
COUN 5320	Theories of Counseling	3
COUN 5321	Group Counseling and Psychotherapy	3
COUN 6309	Assessment and Testing	3
COUN 6310	Clinical Psychopathology	3
COUN 6320	Research Design and Program Evaluation	3
COUN 6321	Career Counseling and Lifestyle Development	3
COUN 6322	Marriage and Family Counseling	3
COUN 6323	Crisis Response and Trauma Care	3
COUN 6324	Substance Abuse and Addictive Disorders	3
COUN 6325	Clinical Diagnosis and Treatment Planning	3
COUN 6391	Counseling Practicum	3
COUN 6392	Counseling Internship I	3
COUN 6393	Counseling Internship II	3
ELECTIVE	One additional three-hour Graduate Level COUN course chosen from the following: COUN 5311 Advance Ethics and Practice Management COUN 6319 Resilience and Coping COUN 6326 Human Sexuality COUN 6327 Pornography and Sexual Addiction Counseling COUN 6328 Premarital Counseling and Marital Enrichment COUN 6329 Assessment and Counseling with Couples and Families COUN 6331 Grief and Loss Counseling	3
TOTAL HOURS IN DEGREE		60

DEGREE REQUIREMENTS FOR GRADUATION:

- Recommendation of the Department
- Transfer credits from another college or university will be reviewed and approved by the college and department.
- No grade below "C"
- Overall GPA of 3.00 or above.
- Admitted to Candidacy
- Pass Comprehensive Examination
- Candidate must complete degree within five (5) years

Advisor _____ DATE _____

Dean, College of Education & Behavioral Sciences _____ DATE _____

I HAVE READ AND AGREE TO ABIDE BY ALL REQUIREMENTS ON THE DEGREE PLAN

STUDENT SIGNATURE _____ DATE _____

THIS DEGREE PLAN IS NOT VALID UNTIL RECEIVED & PROCESSED BY THE OFFICE OF ACADEMIC RECORDS PROCESSED BY _____ DATE _____