LIBERTY UNIVERSITY

Master of Arts in Professional Counseling
Resident & Distance Learning Program

Degree Completion Plan

NAME (Last, First, Middle) _____

Student Number _____ Advisor _____ Planned Year of Graduation _____

REQUIRED COURSES (48 hours)		**Hrs**	**Semester**	**Grade**	**Approved**
COUN 501	Counselor Professional Identity, Function, & Ethics	3			
COUN 502	Human Growth & Development	3			
COUN 503	Research & Program Evaluation	3			
COUN 504	Ethnicity, Families, & Counseling	3			
COUN 505*	Counseling Techniques & the Helping Relationship	3			
COUN 506	Integration of Psychology & Theology	3			
COUN 507	Theology & Spirituality in Counseling	3			
COUN 510	Theories of Counseling	3			
COUN 512*	Group Process	3			
COUN 521	Individual Appraisal	3			
COUN 522	Career Development & Counseling	3			
COUN 601	Marriage & Family Counseling I	3			
COUN 646	Psychopathology & Counseling	3			
COUN 667*	Clinical Diagnosis & Treatment Planning	3			
COUN 698	Practicum (may be repeated)	3			
COUN 699	Counseling Internship (may be repeated)	3			
	TOTAL HOURS	**48**			

Minimum Requirement for Graduation:
48 total hours
39 hours of major taken at LU
3.00 GPA or higher

* Intensive

PROCESS REVIEW

All prerequisites met (6 hrs of undergraduate psychology or closely related coursework)	**Yes** ☐	**No** ☐
PSYC _____	**Yes** ☐	**No** ☐
PSYC _____	**Yes** ☐	**No** ☐
Stats PSYC 355	**Yes** ☐	**No** ☐
Undergrad GPA of 3.0 or higher	**Yes** ☐	**No** ☐
Full Graduate Acceptance	**Yes** ☐	**No** ☐
Admission to Candidacy	**Yes** ☐	**No** ☐

Successful Completion of Comprehensive: **First attempt** ☐ **Second attempt** ☐ **Third attempt** ☐