

TREVECCA NAZARENE UNIVERSITY GRADUATE PROGRAM
MASTER OF ARTS IN CLINICAL MENTAL HEALTH COUNSELING
***PROGRAM OF STUDY**
60 HOURS

Name: _____ TNU Email: _____

GENERAL COUNSELING CORE

DEPT	COURSE NUMBER	COURSE TITLE	GR	HRS	SEMESTER/ YEAR	HALF	SCHEDULE
CSL	5220	Lifespan Development		3			
CSL	5260	Helping Relationships		3			
CSL	5430	Group Therapy and Process		3			
CSL	5240	Advanced Abnormal Psychology		3			
CSL	5250	Counseling Diverse Populations		3			
CSL	5472	Ethical Standards & Legal Issues		3			
CSL	5482	Techniques and Interventions I		3			
CSL	5483	Techniques and Interventions II		3			

SPECIFIC CORE: CLINICAL MENTAL HEALTH COUNSELING

DEPT	COURSE NUMBER	COURSE TITLE	GR	HRS	SEMESTER/ YEAR	HALF	SCHEDULE
CSL	5231	Theories of Counseling & Psychotherapy		3			
CSL	5530	Trauma Focused Counseling		3			
CSL	5330	Chemical Use & Abuse		3			
CSL	5531	Child & Adolescent Techniques and Interventions		3			
CSL	5390	Effective Treatments in Therapy		3			
CSL	5532	Crisis Theory and Intervention		3			

INTERNSHIP & COURSEWORK

DEPT	COURSE NUMBER	COURSE TITLE	GR	HRS	SEMESTER/ YEAR	HALF	SCHEDULE
CSL	5447	Internship in Counseling I		3			
CSL	5100	Introduction to Psychological Research		3			
CSL	5448	Internship in Counseling II		3			
CSL	5441	Introduction to Psychological Testing		3			
CSL	5449	Internship in Counseling III		3			
CSL	5230	Career Counseling & Prof. Development		3			

***TRANSFER CREDIT** (maximum of nine hours of transfer credit permitted):

DEPT	COURSE #	COURSE TITLE	NAME OF INSTITUTION	GR	HRS	DATE TAKEN

Semester to submit candidacy application (upon completion of 12 semester hours): _____

Student Date

Advisor Date

Director, Graduate Counseling Program Date