



**Clinical Mental Health Graduate Certificate
Plan of Study**

Rocket ID _____ Full Name _____

First Semester _____ Expected Completion _____ Time Limitation _____

Required Courses

| | Course Title | Credit Hours | Planned Semester |
|-----------|-----------------------|--------------|------------------|
| COUN 6940 | Counseling Internship | 8.0 | |
| | | | |
| | | | |
| | | | |
| | Total Hours | | |

Graduate Degree in Counseling

| School | Degree | Date |
|--------|--------|------|
| | | |

Graduate Studies Policies

- All coursework must fall within the four year time limitation for completion of a graduate certificate. Any coursework that exceeds this time limit will require validation.
- Students must attain a cumulative grade point average of 3.0.
- Courses must appear on your transcript and have grades of "C" or higher.

Student Signature: _____ Date: _____

Advisor Signature: _____ Date: _____