

**NORTHWESTERN OKLAHOMA STATE UNIVERSITY
CERTIFICATION ONLY PROGRAM**

SCHOOL COUNSELING

Name: _____ Student ID #: _____

Address: _____

Phone (Home): _____ (Work): _____ Email: _____

ATTACH the following:

Other Evidence

1. _____ Evidence of master's degree: (Transcript from issuing educational institution) _____
2. _____ Evidence of certification: (Copy of current teaching license) _____
3. _____ Evidence of passing certification tests: (Official Certification Test Results) _____

SCHOOL COUNSELING COURSEWORK PLAN	Sem/Year	COMMENTS:
EDUC 5010, Graduate Seminar		
EDUC 5812, Intro Guidance & Counseling		
PSYC 5832, Career Education		
PSYC 5872, Individual Counseling		
PSYC 5812, Group Counseling		
PSYC 5133, Assessment I		
EDUC 5852, Dev/Guid for School Counselors		
PSYC 5253, Intervention Strategies for Counselors		
PSYC 5803, Counseling Strategies & Techniques		
PSYC 5143, Child/Adolescent Growth/Development		
EDUC 5500, Practicum-Counseling		
Submit Action Research Project		

STATEMENT OF INTENT

I understand that completion of this additional coursework and requirements is for certification recommendation only, and not a second master's degree. _____ (Initial)

- I agree to abide by the regulations governing the graduate program as stated in the Graduate Catalog.

CERTIFICATION ONLY PLAN APPROVED

SIGNATURES

Student		Date: _____
Advisor		Date: _____
Director of Teacher Education		Date: _____
Graduate Studies, Associate Dean		Date: _____