

**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)* \_\_\_\_\_

<b>SCHOOL COUNSELING COURSEWORK PLAN</b>	<b>Sem/Year</b>	<b>COMMENTS:</b>
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:	