

**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 5183, Human 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: _____