Northwestern Oklahoma State University
CERTIFICATION ONLY PROGRAM
SCHOOL COUNSELING

Name: **Student ID#:**

Required Courses (24 hours)	**Hours**	**Semester**
UNIV 5010 Graduate Seminar	0	
EDUC 5812 Intro to School Counseling	2	
PSYC 5832 Career Education	2	
PSYC 5872 Individual Counseling	2	
PSYC 5812 Group Counseling	2	
PSYC 5133 Assessment: Achievement, Personality, and Cognitive Assessment	3	
EDUC 5852 Comprehensive School Counseling	2	
PSYC 5253 Intervention Strategies for Counselors	3	
PSYC 5803 Counseling Strategies & Techniques	3	
PSYC 5183 Human Growth & Development	3	
EDUC 5500 Practicum- School Counseling	2	

Total Hours *(minimum 24 hours)*

Statement Of Intent

I understand that completion of this additional coursework and requirements is for certification recommendation only, not for 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
Approved: (original signature required)

Student: _____ Date: _____

Advisor: _____ Date: _____

Director of Teacher Education: _____ Date: _____

Dean of Graduate Studies: _____ Date: _____
Research & Accountability

Revised 5.18.23, 6.11.24, 6.15.26