

**Lincoln Memorial University**  
**Program of Study**  
**Master of Education, Professional Counseling**  
**Mental Health Counseling**

Program of Study for \_\_\_\_\_  
Student's Name Student ID Number

Faculty Advisor \_\_\_\_\_

<b>A. Common Counseling Core</b>	<b>Semester completed or transfer institution</b>	<b>Semester Hours</b>
COUN 501 Prof Orientation/Ethics in Counseling	_____	_____
COUN 521 Career Counseling	_____	_____
COUN 531 Soc & Cultural Aspects of Counseling	_____	_____
COUN 541 Counseling Skills	_____	_____
COUN 581 Psychology of Human Development	_____	_____
COUN 593 Practicum in Counseling	_____	_____
COUN 611 Counseling Theories	_____	_____
COUN 621 Crisis Intervention & Consultation	_____	_____
COUN 631 Group Counseling	_____	_____
COUN 662 Psychopathology	_____	_____
COUN 671 Assessment in Counseling	_____	_____
EDUC 511 Research and Statistics	_____	_____

**B. Concentration Specific Courses**

COUN 509 Foundations of MHC	_____	_____
COUN 551 Personality and Mental Health or	_____	_____
COUN 577 Special Topics: Addiction Coun	_____	_____
COUN 651 Evid-based Treatment Planning	_____	_____
COUN 669 Psychopharmacology	_____	_____
COUN 699 Internship & Seminar in MHC	_____	_____
COUN Elective	_____	_____
COUN Elective	_____	_____

Total Semester Hours 60 Hours

**We have jointly discussed the program above and I understand that any changes must be approved by the Program Director and may delay my graduation.**

_____ Student's Signature	_____ Date	_____ Advisor's Signature	_____ Date
_____ Program Director		_____ Date	