**STUDENT INFORMATION**

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| **Name:**       | **NAU ID:**        |
| **NAU E-mail Address:**        | **Phone Number:**       |
| **Term of Admission:**         | **Expected Graduation Term/Year:**        |
| **Advisor:**       | **Required Credits for Degree Program: 15** |

# **Required courses (15 units required)**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Course**  | **Course Title** | **Replacement Course** | **Semester** | **Year** | **Units** | **Grade** | **T/P/I/A\*\*** |
| EPS 520 | Introduction to College and Career Readiness |       |       |       |       |       |       |
| EPS 594 | Foundations of School Counseling |       |       |       |       |       |       |
| EPS 634 | Practices of School Counseling |       |       |       |       |       |       |
| EPS 669 | Topics in Crisis, Trauma, and Disaster Counseling |       |       |       |       |       |       |
| EPS 692 | Counseling Practicum |       |       |       |       |       |       |

**ADDITIONAL INFORMATION**

This certificate may be pursued and completed concurrently with a degree program or as a stand-alone certificate. Federal financial aid cannot be used if the certificate is completed as a stand-alone certificate.

This Program of Study documents your progress on your academic requirements for the degree and catalog year listed above. For Department of Defense-related requirements, it serves as the evaluated and approved educational plan.

In addition to all University and Office of Graduate & Professional Studies (OGPS) policies, procedures, and requirements, graduate students must also adhere to the academic requirements, policies, procedures, and criteria outlined by their program’s Graduate Student Handbook.

**Students:** You must secure official approval by your advisor and Department Chair/Director before submitting your final Program of Study for graduation.By signing or entering your name below, you agree to the following statement:*“Students are responsible for complete knowledge of Academic Catalog requirements in their degree plan for their catalog year and adhering to all policies in the Academic Catalog.”*

**Advisors and Chairs/Directors:** Please indicate approval of the curriculum on the Program of Study by placing your signature (formal digital signatures are permitted) in the space provided.

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| --- | --- |
| **Student:**       | **Date:**       |
| **Advisor:**       | **Date:**       |
| **Chair:**       | **Date:**       |

**\*\*Transfer/Previous Graduate Degree/Internal Transfer/Accelerated (T/P/I/A)** – Must have Advisor approval

Transfer T = Course transferred from another university

Previous Graduate Degree P = Course taken at NAU from previous graduate degree

Internal Transfer I = Graduate-level course taken as undergraduate; Not applied to undergraduate degree

Accelerated Program “Dual-use” A = Courses completed during the undergraduate career and used to satisfy both the Bachelor’s and Master’s degree requirements. ONLY for designated Accelerated students.