

## PROGRAM PLANNING AND APPROVAL FORM

### MASTER OF EDUCATION IN COUNSELLING

#### STUDENT INFORMATION

Student ID: \_\_\_\_\_ First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Email: \_\_\_\_\_@unbc.ca Admit Date: \_\_\_\_\_ Status:  Full-time  Part-time

#### COURSE INFORMATION

	Course #	Title	Credits
<b>Core Courses:</b>	COUN 601	Research Design and Methodology	3
	COUN 612	Trauma Counselling	3
	COUN 613	Interpersonal Counselling Skills	3
	COUN 618	Family Counselling	3
	COUN 619	Counselling for Aboriginal/Indigenous Peoples	3
	COUN 711	Counselling Theory	3
	COUN 712	Counselling Practice	3
	COUN 714	Group Counselling Processes	3
	COUN 717	Ethics in Counselling	3
	COUN 719	Counselling Practicum	6
	<b>Research Methods:</b>		

**Completion Path:** Students may request transfer to the thesis or project route after completion of at least 12 credits of course work.

**Comprehensive Exam** (3 credits)

**Project** (6 credits)

**Thesis** (9 credits)

**Electives:** Choose 9 credits for the comprehensive exam path, 6 credits for the project **or** 3 credits for the thesis. Electives must be chosen from the list of available options published in the [calendar](#).

Total Credits (minimum of 48 credits is required):

Additional required courses or changes to the program of study (supplemental information may be attached if needed):

#### APPROVAL SIGNATURES

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Co-Supervisor Name (if any): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Program Chair/Coordinator: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**OGP USE ONLY** Dean's review required?

No

Yes - date submitted for review: \_\_\_\_\_

Initials: \_\_\_\_\_

**DEAN'S DECISION**  Approved

Additional information required

Denied

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_