MTSU

Advancement to Candidacy Form for Masters' or Specialists' Degree Programs

College of Graduate Studies • Office of the Dean • Middle Tennessee State University

Official Use Only
Input on SIS_____

1. A copy of your candidacy form should be submitted to the College of Graduate Studies according to your program's curricular requirements.
2. Please list course number & department, course title, and semester hours of credit as indicated below.
3. Secure the signatures of the appropriate persons and submit the signed form to the College of Graduate Studies, Room 114, Cope Building.

Name: _____ **Student Identification #**_____ **Date:**_____

Address: _____ **Telephone #**_____

Degree: __MEd____ **Major:** _____**Professional Counseling**_____ **Concentration:** _____**School Counseling**___

If applicable: Minor: _____ **Specialization:** _____

Course ID # (including Prefix)	**Course Title**	Sem. Hours	Grade	***IF APPLICABLE:*** *Transfer Credit Taken Prior to Attending MTSU* **Transfer Institution**	Substitute for MTSU Course#	Dept. Approval for Transfer Credit
	Prerequisites					
ELED 5201	Observation & Participation	**(3)**				
	Degree Program					
PSY 5250 or PSY 6400 or SPED 6800	Psychology of Exceptional Children *or* Exceptional Children and Youth *or* Psychological Disorders of Children	**3**				
PSY 5260	Introduction to Psychological Testing	**3**				
PSY 5470	Theories of Counseling	**3**				
PSY 5720	Multicultural Perspectives	**3**				
PSY 6150	Career Counseling	**3**				
PSY 6160	Foundations of School Counseling	**3**				
PSY 6170	Group Counseling	**3**				
PSY 6180	Lab: Group Counseling	**1**				
PSY 6220	Organ. & Adm. of School Counseling Services	**3**				
PSY 6230	Legal & Ethical Issues in Counseling	**3**				
PSY 6260	Pre-Practicum in Counseling	**3**				
PSY 6270	Practicum: Counseling	**3**				
PSY 6410	Development Across the Lifespan	**3**				
PSY 6610	Intro. to Educational/Psychological Research	**3**				
PSY 6890	Consultation	**3**				
PSY 6920	Internship: Secondary School Counseling	**3**				
PSY 6930	Internship: Elementary School Counseling	**3**				

	Language Research Tools (if relevant)					
PSY 3020/302	Basic Statistics for Behavioral Sciences	(3)				

_____ Date: _____
Signature of Candidate

I certify the above degree plan _____ Date:_____
Signature of Graduate Advisor

This individual holds a professional license, or licensure requirements will be met by the above courses, if applicable.

_____ Date_____
Signature of Teacher Licensing Analyst

_____ Date_____
Signature of Dean, College of Graduate Studies or Graduate Analyst

If Applicable:

_____ Date: _____
Signature of Minor Advisor

MST & MAT Students, only:

_____ Date: _____
Signature of Chair of
Educational Leadership Department or
Elementary Education Department

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