

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
Core Courses:	EDUC 601	Educational Research Design and Methodology	3
	EDUC 613	Interpersonal Counselling Skills	3
	EDUC 711	Counselling Theory	3
	EDUC 712	Counselling Practice	3
	EDUC 714	Group Counselling Processes	3
	EDUC 717	Ethics in Counselling	3
	EDUC 719	Counselling Practicum	6
	Research Methods:		

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 40 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: _____ 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: _____