



(Form Must be Typed)

**A PROPOSED PROGRAM OF STUDY for the Certificate in Clinical Mental Health Counseling
Total (12 Hours).**

(This document is subject to change pending final approval of program improvements)

Name: _____ ASU ID: _____
Address: _____ Date: _____

CORE COURSES (12 Hours)

Course No.	Title	Credit Hours	Date to be Taken	Date Completed	Grade
CM 509	Introduction to Clinical Mental Health	3			
CM 520B	Clinical Mental Health Internship I or	3			
CM 520B	Clinical Mental Health Internship II	3			
CM 530	Psycho-Diagnostics in Counseling	3			
CM 532	Marriage and Family Counseling	3			

TRANSFER COURSES (6 Hours)

Course No.	Title	Hrs	Date to be Taken	Date Completed	Grade

APPROVED:

Student: _____

Graduate Advisor: _____

Department Chairperson/Dean: _____