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MARQUETTE UNIVERSITY GRADUATE SCHOOL MASTER'S PROGRAM PLANNING FORM

This form must be completed and submitted to the Graduate School within the student's first semester of their program. A change to any of the data below will require the submission of a new, updated, signed and approved "Master's Program Planning Form". This form is required by the end of your first semester of your master's program.

Name: First & Last name MUID: Your MUID	
Program: Clinical Mental Health Counseling (CMHC)Adviser: First Last name	
Degree: Master of Science (MS) Program Start Term: Fall 2025	
Specialization: Type your specialization here Ex: General, Child Adolescent, Addictions, Rehab	
Do you intend to pursue a certificate along with your master's degree? Yes No	
If yes, which certificate? NOTE: MU does not offer a certificate in counseling.	
II. PROGRAM REQUIREMENTS - To be filled out by student in collaboration with the student's adviser.	
Track Option: Course Work	
Course Credits Required (How many?): 60 . (Exclusive of thesis credits)	Ĕ
Thesis Credits: Not Applicable	
Comprehensive Exam: Required	
Oral Presentation/Defense Not Required https://www.marquette.edu/grad/forms.pl	ō
Foreign Language Exam: Not Applicable START MY Masters program planning	ORM
III. SIGNATURES	6
Student Signature: firstname.lastname@marquette.edute:	
Adviser Signature: Type in your advisor name/email accurately Date:	
Director of Training: alexandra.kriofskemainella@marquette.edu Date:	
Graduate School Approval/Signature: Date:	

Print Form