



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. If you need assistance completing this form, please contact the Graduate School at 414-288-7137.

I. STUDENT INFORMATION - To be filled out by the student.

Name: MUID:
Program: School Counseling Adviser:
Degree: Master of Arts Program Start Term: Fall 2023
Specialization: n/a

Do you intend to pursue a certificate along with your master's degree? ☐ Yes ☒ No

If yes, which certificate?

NOTE: MU doesn't 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?): 48
(Exclusive of thesis credits)
Thesis Credits: Not Applicable
Comprehensive Exam: Required
Oral Presentation/Defense: Not Required
Foreign Language Exam: Not Applicable

<https://www.marquette.edu/grad/forms.php>

START MY Master's program planning FORM

III. SIGNATURES

Student Signature: Date:
Adviser Signature: Type in your advisor name & email accurately Date:
Director of Training: Date:
DGS or Chair Approval/Signature: Alan.burkard@marquette.edu Date:
Graduate School Approval/Signature: Date:

Print Form

Revised 10/15