

**Department of Counselor Education—Northeastern Illinois University
Clinical Mental Health Counseling, M.A. Program Planning Guide**

Student _____ Student ID# _____

Date of Admission _____ Semester: _____ Year: _____ Program Advisor _____

Date DPE taken _____ Score _____

This program planning guide is merely a blueprint of your intended plan of study. It does not guarantee that you will be able to register for a particular course in a specific semester.

COURSES WITH AN ASTERISK (*) MUST BE COMPLETED BEFORE YOU BEGIN PRACTICUM.