

UNIVERSITY OF DENVER

COUNSELING PSYCHOLOGY PROGRAM COURSE WORK PLAN – MASTER OF ARTS Clinical Mental Health Counseling Concentration Handbook Year: 2024-25

Student Name:	Student #:
Email:	Advisor:

Course Name	Course Number	Credit Hours	Complete d
Concentration Program Requirements			
Lifespan Development	CNP 4645	5	
Introduction to Assessment	CNP 4702	5	
Counseling Theory*	CNP 4700	5	
Career Counseling	CNP 4710	5	
Group Counseling Theory*	CNP 4720	5	
Research Methods and Program Evaluation	CNP 4730	5	
Basic Counseling Techniques*	CNP 4740	3	
Intermediate Counseling Techniques*	CNP 4741	3	
Professional Development in Counseling*	CNP 4743	1	
MA Counseling Clinic (2 qtrs./5 credits each)	CNP 4755	10	
Diversity: Multicultural Counseling Psychosocial	CNP 4773	5	
Issues*	CINF 4775		
Psychopathology*	CNP 4784	5	
MA Counseling: Legal/Ethical Issues*	CNP 4795	5	
Subtotal		62 cr. hrs.	

	Course Number	Credit Hours	Completed
Electives			
Subtotal		16 hrs. min.	
Practicum and Internship			
Counseling Psychology Practicum: Beginning*	CNP 4750	3	

MA Internship (3 qtrs., 3 credits each)	CNP 4751	9	
Subtotal		12	
Transfer Credit			
Subtotal		90	

* The course must be completed in <u>year one</u>.

SUMMARY	Credit Hours Required	Student Hours per Transcript
Concentration	62	
Electives	16 min.	
Practicum and Internship	12	
Transfer Credit		
TOTAL	90 min.	

Additional Degree Requirements

- 1. Passing the program comprehensive exam is required.
- 2. Grade Policy: A satisfactory quality of achievement with a cumulative grade point average of "B" (3.0) or better is required by the CP Program. The average is determined on the basis of the University's grading system. Any student whose overall grade point average falls below a 3.0 will be warned, put on probation, suspended, or terminated from the program. Credits carrying below a "C-" will not be accepted by the CP program as meeting degree requirements.
- 3. Students should contact the National Board for Certifying Counselors (NBCC) to make sure that their curriculum especially electives meets NBCC eligibility.

I have met with my advisor, and I have received and take responsibility for understanding the licensing requirements in the state in which I plan to obtain licensure.

Date_____

Student's Signature_____

Advisor's Signature_____