

Program of Graduate Studies (PGS)

Department of Educational and Counselling Psychology, and Special Education

This form must be submitted for all graduate students by the end of the first term of their program in the department, indicating (1) the coursework to be completed in their chosen degree program, and (2) the Faculty Advisor and Advisory Committee. The Faculty Advisor and members of the Advisory Committee must sign the form verifying approval of the proposed coursework prior to submission. All submitted PGS forms are then reviewed by the Department Graduate Advisor, whose signature indicates departmental approval of the proposed plan of study. The approved PGS form is the formal statement of the student program requirements and is used to evaluate student progress and to assess completion of degree coursework requirements. All changes to the PGS must be submitted in writing showing approval of your Faculty Advisor and Advisory Committee prior to Departmental approval.

1. **Name** (Last, First) _____

2. **Student Number** _____ 3. **Program Start Date** _____

4. **Degree** M.A. _____ 5. **Area of Focus:** Community Counselling _____

6. **Program Advisor:** Dr. _____ 7. **Research Supervisor** _____

8. **Program Committee Member(s)** _____

9. **Research Committee Member(s)** _____

Part Time () OR **Full Time** ()

9. **Program Courses**

| Course | Credits | Standing Required Obtained | | Course | Credits | Standing Required Obtained | |
|-------------|---------|----------------------------------|--|-------------------|---------|----------------------------------|--|
| CNPS 564 | 3 | | | EDUC 500 | | | |
| CNPS 574 | 3 | | | Or EPSE 481 | 3 | | |
| CNPS 578C | 6 | | | EPSE 528 and | 3 | | |
| CNPS 579 | 3 | | | CNPS 532 | 3 | | |
| CNPS 586 | 3 | | | CNPS 534 | | | |
| CNPS 588 | 6 | | | Or CNPS 545 | | | |
| CNPS 598 | 6 | P | | Or CNPS 594 | 3 | | |
| CNPS 514 | | | | CNPS 584 | 3 | | |
| Or CNPS 524 | 3 | | | CNPS 599 (Thesis) | 6 | | |
| | | | | | | | |

| PGS Approval | Name | Date | Signature |
|-----------------------------|------|------|-----------|
| Program Advisor | | | |
| Committee | | | |
| | | | |
| Graduate Coordinator | | | |

10. **Changes to approved program (submitted in writing with appropriate signatures):**

| Add Course | Credit | Date | Grad Advisor Approval | Standing | Delete Course | Credit | Date | Grad Advisor Approval | Standing |
|------------|--------|------|-----------------------|----------|---------------|--------|------|-----------------------|----------|
| | | | | | | | | | |
| | | | | | | | | | |

Student Signature: _____

Date: _____