

# 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.Ed. \_\_\_\_\_ 5. **Area of Focus:** Counselling in Higher Education \_\_\_\_\_

6. **Program Advisor:** \_\_\_\_\_ 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 363 (2016 Only)	3			CNPS 534 or 545			
CNPS 564	3			Or CNPS 594	3		
CNPS 574	3			EDUC 500			
CNPS 578C	6			Or EPSE 481	3		
CNPS 584	3			CNPS 532	6		
CNPS 586	3			CNPS 514			
CNPS 588	6			Or CNPS 524	3		
CNPS 598C	6	P					

PGS Approval	Name	Date	Signature
<b>Program Advisor</b>			
<b>Committee</b>			
<b>Graduate Coordinator</b>			

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:** \_\_\_\_\_