

# 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 Specialization** School Counselling Program
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	Standing Obtained	Course	Credits	Standing Required	Standing Obtained
<b>YEAR ONE</b>				<b>YEAR TWO</b>			
CNPS 564	3			EPSE 528 and	3		
CNPS 574	3			CNPS 532B	3		
CNPS 578C	6			CNPS 514 Or	3		
CNPS 504 (year one or two: next offered Jan 2019)	3			CNPS 534 Or CNSP 545 Or CNPS 594			
CNPS 579 (any term)	3			CNPS 598C (options of Spring or Fall practicum)			
CNPS 586	3			CNPS 599 (all term)			
CNPS 599 (all term)							
<b>YEAR TWO</b>				<b>YEAR THREE</b>			
CNPS 588c (clinics)	6			CNPS 584	3		
EDUC 500 or EPSE 481	3			CNPS 598C (practicum)	6		
				CNPS 599C (thesis)	6		

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

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

