

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 Specialization** School Counselling Program
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	
YEAR ONE				EDUC 500 Or	3		
CNPS 363	3			EPSE 481			
CNPS 578C	6			CNPS 532C	6		
CNPS 504 (year one or two: alternate years - next offered Jan. 2019)	3			CNPS 514 Or CNPS 534 Or CNPS 545 Or CNPS 594	3		
CNPS 564	3			CNPS 574	3		
CNPS 586	3			CNPS 598C (options of Spring or Fall Practicum)			
YEAR TWO				YEAR THREE			
CNPS 588C (clinic)	6			CNPS 584	3		
				CNPS 598C (Practicum)	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: _____