

Old Dominion University

ONLINE Clinical Mental Health Counseling Spring Cohort Course Rotation - FULL TIME Students

Name: _____ UIN: _____
 Concentration: Clinical Mental Health Advisor: _____

	<i>Spring 1</i>	<i>Summer 1</i>
	<p><i>COUN 601 - Synchronous</i> <i>COUN 633 - Synchronous</i> <i>COUN 650 - Synchronous</i></p> <p><u>Responsible conduct of research training</u></p>	<p><i>COUN 634 - Synchronous</i> <i>COUN 644 - Synchronous</i> <i>COUN 655 - Asynchronous</i></p> <p><i>Complete growth group</i></p> <p><u>Complete background check through the Office of Clinical Experiences</u></p> <p><i>Attend P&I Orientation hosted by the Graduate Clinical Coordinator</i></p> <p><i>Apply by August 1st for:</i> <i>* COUN 669: Practicum scheduled for Summer 2</i></p>
<i>Fall 1</i>	<i>Spring 2</i>	<i>Summer 2</i>
<p><i>COUN 631 - Asynchronous</i> <i>COUN 645 - Asynchronous</i> <i>COUN 685 - Asynchronous</i></p>	<p><i>COUN 648 - Asynchronous</i> <i>COUN 680 - Synchronous</i> <i>FOUN 611 - Asynchronous</i></p> <p><i>Apply by February 1st for:</i> <i>* COUN 667: CMHC Internship scheduled for Fall 2</i></p>	<p><i>COUN 669 - Synchronous</i> <i>COUN 691 - Asynchronous</i></p> <p><i>Apply by August 1st for:</i> <i>* COUN 667: CMHC Internship scheduled for Spring 3</i></p>
<i>Fall 2</i>	<i>Spring 3</i>	
<p><i>COUN 667 - Synchronous</i> <i>COUN 670 - Synchronous</i> <i>Elective - Asynchronous</i></p> <p><i>Complete the comprehensive exam</i></p>	<p><i>COUN 667 - Synchronous</i> <i>COUN 647 - Asynchronous</i> <i>Elective - Asynchronous</i></p> <p><u>Apply for graduation through the University Register</u></p>	<p>Elective Courses:</p> <p>Trauma & Crisis Counseling - Fall Play Therapy - Spring Human Sexuality - Summer Integrated Beh. Health – Summer</p>

Students: By signing my name, I'm agreeing that I have read and will abide by this plan of study, as well as my handbook. I understand that if I get off my cohort track it can impact my graduation date. I understand the key professional dispositions by which I will be evaluated.

Please note: The asynchronous and synchronous formats can possibly be changed at the discretion of the DL program coordinator.

Student Signature: _____ Date Completed: _____

Advisor Signature: _____ Date Completed: _____