Application for Candidacy

SPECIALIST IN COUNSELING EDUCATION

SOUTHEAST MISSOURI STATE UNIVERSITY

Application to Candidacy for the degree is required at the completion of 16 hours of coursework applicable to the degree. To advance to candidacy status, the applicant must present a g.p.a. that meets the minimum graduation requirement (3.25). A total of 72 hours is required for the program, including prerequisites required (transfer courses from other regionally-accredited institutions if the courses are appropriate, part of master's level work, on-campus courses, and approved by the student's advisor or Southeast Missouri State University courses. If the student earned his/her master's degree from Southeast Missouri State University, up to nine semester hours of such work may be transferred from regionally-accredited institutions). Students must enroll in coursework of at least one semester after the application has been approved by the Dean of Graduate Studies.

Name:_____ SS#:_____E-mail:_____

Mailing address:_____City,State,Zip:_____Phone #:_____

Complete list of courses, course numbers, credit hours, and grades. Advisor, coordinator of specialist program, and department chair, must approve form before being sent to the Graduate Office for the Dean of Graduate Studies approval. All degree requirements must be completed within eight years beginning with the first course that applies to your program. The residency requirements must have been met or demonstrated by the completion of the plan.

PREREQUISITES REQUIRED FOR PROGRAM ***(TRANSFER OR Southeast Missouri State University)***

If *SEMO* course (check box)	If *TRANSFER* courses list Name of University	Course number	Title	Hrs.	Grade	Sem/Yr.
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COURSES COMPLETED ***(Do Not List Prerequisites here)***

No.	Title	Hrs.	Grade	Sem./Yr.

COURSES TO BE COMPLETED

No.	Title	Hrs.	Grade	Sem./Yr.

SPECIALIST DEGREE WORK BEGAN:_____INTENDED GRADUATION DATE:_____

_____ _____ _____

Candidate **Advisor** **Coordinator of Specialist Program**

_____ _____

Department Chair **Dean of Graduate Studies and Research**

TRANSFER CREDIT ACCEPTED IN LIEU OF:

Course #	Title	From: (University name)	Semester course was taken	SEMO course number to be used

The plan may not be altered except with the approval of the original signers. The candidate's signature verifies understanding of all degree requirements.