



THE GRADUATE SCHOOL  
Southern University and A&M College  
Baton Rouge, Louisiana

Last Name

U#

Program/Field of Study

FOR Grad School OFFICE USE ONLY	
GPA	Processed By:
	Date:

## GRADUATION APPLICATION CHECKLIST

**EACH GRADUATION APPLICATION SUBMITTED MUST HAVE ALL ITEMS LISTED BELOW AFFIXED TO THIS DOCUMENT WHEN SUBMITTED TO THE GRADUATE SCHOOL.**

- GRADUATION APPLICATION CHECKLIST (1 page)
- GRADUATION APPLICATION (2 pages)
- GRADUATE SCHOOL ACCESS AUTHORIZATION FORM (1 page)
- PROGRAM OF STUDY DESIGNATION FORM (1 page)
- PLAN OF STUDY (obtained from the academic department)

(Please be sure to enter your Last Name, S# and Program of Study at the upper-right of this form.)  
My signature affixed to this document confirms that this application is COMPLETE.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Phone Number: \_\_\_\_\_ SUBR email: \_\_\_\_\_



THE GRADUATE SCHOOL  
Southern University and A&M College  
Baton Rouge, Louisiana

APPLICATION FOR GRADUATION

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<b>Last Name</b>		<b>Banner ID/S#</b>	
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**CURRENT Semester Courses**

List the courses you are CURRENTLY ENROLLED IN:

Course Prefix	Course Number	Course Title	Number of Credits

**FINAL Semester Courses**

List the courses you will take during your FINAL SEMESTER. There are the courses remaining on your Plan of Study.

Course Prefix	Course Number	Course Title	Number of Credits

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## GRADUATE SCHOOL ACCESS AUTHORIZATION FORM

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(This form **MUST** be completed by the STUDENT, ADVISOR and DEPARTMENT CHAIRPERSON.)

By affixing my printed name and signature herein, I hereby authorize the Graduate School to access and obtain copies of my official academic record (transcripts, etc.) as needed.

<b>Student's Name (printed)</b>	
<b>Student's Signature</b>	
<b>Date</b>	

We, the undersigned, certify that the student's academic record has been thoroughly evaluated and that all degree requirements have been met, including the following:

1. The student has NO MORE THAN two (2) grades below "B" on the official transcript.
2. The student DOES NOT had a grade of "D" or "F" in any coursework completed that may be used to satisfy degree requirements and has a minimum of 3.0 grade point average on all graduate course work.
3. The student DOES NOT have any courses applied toward graduation which exceed the statute of limitations (7 years for master's and 8 years for doctoral).
4. The student WILL meet the course requirements detailed in the Plan of Study, including courses currently enrolled in.
5. The student has made sufficient progress toward completion of the thesis, dissertation, final project/report to warrant consideration for graduation in (semester and year of graduation) \_\_\_\_\_

<b>Department</b>			
<b>Advisor's Name (printed)</b>		<b>Advisor's Signature/Date</b>	
<b>Department Chairperson's Name (printed)</b>		<b>Chairperson's Signature/Date</b>	

# FIELD OF STUDY - Degree Designation Form

<b>Last Name</b>		<b>Banner ID/S#</b>	
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## Doctoral Degree Programs

Select your Field of Study	Degree Subject	Degree Designation
<input type="checkbox"/>	Environmental Toxicology	Ph.D.
<input type="checkbox"/>	Doctor of Nursing Practice	DNP
<input type="checkbox"/>	Nursing	Ph.D.
<input type="checkbox"/>	Public Policy	Ph.D.
<input type="checkbox"/>	Science and Mathematics Education	Ph.D.
<input type="checkbox"/>	Urban Forestry	Ph.D.

## Masters Degree Programs

Select your Field of Study	Degree Subject	Degree Designation
<input type="checkbox"/>	Biology	MS
<input type="checkbox"/>	Business Administration	MBA
<input type="checkbox"/>	Computer Science	MS
<input type="checkbox"/>	Master of Science Criminal Justice	MS
<input type="checkbox"/>	Educational Leadership	M ED
<input type="checkbox"/>	Clinical Mental Health Counseling	MS
<input type="checkbox"/>	Teaching	MA
<input type="checkbox"/>	Engineering	ME
<input type="checkbox"/>	Family Nursing	MSN
<input type="checkbox"/>	Mathematics and Physics	MS
<input type="checkbox"/>	Public Administration	MPA
<input type="checkbox"/>	Executive Master of Public Administration - Online	MPA
	Clinical Rehabilitation Counseling	MS
<input type="checkbox"/>	Social Sciences	MA
<input type="checkbox"/>	Speech-Language Pathology	MS
	Urban Forestry	MS

**Core Courses:** (36 Credit Hours Required)

Course Name	Course Title	Credit Hours	Previous Course Name	Semester and Year	Grade	Instructor
RDCO 500	Introduction to Professional Counseling	3	BHVS 584 COUN 500			
RDCO 502	Professional Orientation and Ethics in Counseling	3	BHVS 578 COUN 502 REHB 502			
RDCO 510	Theories and Process of Counseling	3	BHVS 552 COUN 501 REHB 510			
RDCO 511	Social and Cultural Diversity in Counseling	3	BHVS 582 COUN 503 REHB 511			
RDCO 513	Pre-Practicum and Techniques in Counseling	3	BHVS 583 COUN 509			
RDCO 514	Psychopathology and Diagnosis (DSM-5)	3	BHVS 562 COUN 511 REHB 514			
RDCO 515	Human Growth and Development	3	BHVS 579 COUN 510 REHB 515			
RDCO 520	Group Counseling and Group Work	3	BHVS 556 COUN 505 REHB 520			
RDCO 525	Substance Abuse and Mental Health Counseling	3	BHVS 563 COUN 508 REHB 525			
RDCO 564	Assessment and Testing	3	BHVS 557/561 COUN 507/513 REHB 564			
RDCO 565	Research Methods, Statistics, and Program Evaluation	3	BHVS 575 COUN 506 REHB 565			
RDCO 571	Career Counseling, Job Development, and Job Placement	3	COUN 559 COUN 504 REHB 571			
RDCO 601	Comprehensive: Counselor Preparation Comprehensive Examination (CPCE)	0	BHVS 601 COUN 601			

**Supervised Clinical Experiences:**(Practicum: 100 Hours / 3 Credit Hours Required + Internship: 600 Hours / 6 Credit Hours Required)

Course Name	Title	Credit Hours	Previous Course Name	Semester and Year	Grade	Instructor
RDCO 590	Clinical Practicum (100 Hours)	3	BHVS 554 COUN 512			
RDCO 591	Clinical Internship I (300 Hours)	3	BHVS 574 COUN 514			
RDCO 592	Clinical Internship II (300 Hours)	3	BHVS 574 COUN 515			
RDCO 593	Clinical Internship III (600 Hours)	6	BHVS 574 COUN 516			

**Clinical Mental Health Counseling Specialization:** (15 Credit Hours Required):

Course Name	Title	Credit Hours	Previous Course Name	Semester and Year	Grade	Instructor
RDCO 517	Bereavement Counseling	3	BHVS 571 COUN 517			
RDCO 518	Crisis and Trauma	3	COUN 520			
RDCO 519	Family Therapy	3	BHVS 576 COUN 519			
RDCO 535	Psychopharmacology	3	N/A			
RDCO 540	Tele-Mental Health Counseling	3	N/A			

Student Name \_\_\_\_\_

Banner U# \_\_\_\_\_

Advisor Signature \_\_\_\_\_

Date \_\_\_\_\_

Chairperson Signature \_\_\_\_\_

Date \_\_\_\_\_

Insert PDF of Graduate Academic Transcript  
from Self Service Banner