

**Graduate School**  
**GRADUATE DEGREE PLAN**  
**Marriage & Family Therapy**

Degree Code GR-MA-MAFT  
 CIP 511505



**DEGREE SOUGHT:** MA **Catalog Year:** 2021-2022

**NAME:** \_\_\_\_\_  
Last First Middle/Maiden

**GRADUATE MAJOR:** Marriage & Family Therapy

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

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

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

**SEMESTER/TERM AND YEAR OF FIRST ENROLLMENT IN ULM GRADUATE SCHOOL:** Semester \_\_\_\_\_ Year \_\_\_\_\_

Grad/Undergrad deficiencies to be completed:	Required Courses	Course Title	Cr.	Sem offered	Grade	Notes
	_____	MAFT 5005	Methods in Therapy/Counseling	3	Fall	
_____	MAFT 5006	Theories of Counseling	3	Spring		
_____	MAFT 5015	Practicum in MFT/Counseling	3	Spring		
_____	MAFT 5021	Maladaptive Behavior	3	Spring		
_____	MAFT 5022	Individual, Couple, and Family Dev.	3	Fall		
_____	MAFT 5060	Strategies of Life & Career Dev.	3	Spring		
_____	MAFT 5062	Assessment in MFT & Counseling	3	Fall		
_____	MAFT 5063	Legal and Ethical Issues in MFT & Counseling	3	Fall		
_____	MAFT 5081	Res. Meth. in MFT & Counseling	3	Fall		
_____	MAFT 6008	Professional Issues in MFT	3	Spring		
_____	MAFT 6011	Marriage and Family Therapy I	3	Fall		
_____	MAFT 6012	Marriage and Family Therapy II	3	Spring		
_____	MAFT 6020	Adv. Ther. Strat. For Parent-Child Rel.	3	Fall		
_____	MAFT 6053	MFT with Diverse, Marginalized & Underserved Communities	3	Summer		
_____	MAFT 6063	Couples, Intimacy and Sexuality	3	Spring		
_____	MAFT 6066	Advanced Theory	3	Fall		
_____	MAFT 6067	Group Counseling	3	Spring		
_____	MAFT 6070	Internship	9	Sum/F/S		
<b>TOTAL SEMESTER HRS:</b> _____	<b>TOTAL</b>		<b>60 Hours</b>			
<b>Comments:</b>						

**TRANSFER CREDIT** List all credit to be transferred to graduate program (Courses must be shown as they appear on the official transcript. List course and number, semester hours, institution, semester/quarter and year course taken, and grade received.)

**Comprehensive Exams Passed:** YES/NO \_\_\_\_\_ **Date:** \_\_\_\_\_

**Approved:**

_____	Signature	Date	_____	Signature	Date
Committee Member			Committee Member		
_____	Signature	Date	Dr. David Hale	Signature	Date
Committee Member			Graduate Program Coordinator		
_____	Signature	Date	Dr. Sushma Krishnamurthy	Signature	Date
Committee Member			Dean, Graduate School		