

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



Degree Code GR-PHD-DMFT

CIP: 511505

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

**DEGREE SOUGHT:** Ph.D. **Catalog Year:** 2021-2022

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

**GRADUATE MAJOR:** Marriage & Family Therapy

**CONCENTRATION:** Systemic Studies

**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 7000	Family Systems I	3	Fall	
_____	MAFT 7002	Family Systems II	3	Spring		
_____	MAFT 7010	Family Therapy I	3	Fall		
_____	MAFT 7012	Family Therapy II	3	Spring		
_____	MAFT 7014	Couple & Marital Therapy	3	Spring		
_____	MAFT 7020	Adv. Family Therapy & Hum. Dev.	3	Spring		
_____	MAFT 7022	Social Ecology: The Social Context of Family.	3	Summer		
_____	MAFT 7024	The Ecology of Psychopathology	3	Spring		
_____	MAFT 7040	Issues and Prob. in Syst. MFT Res.	3	Fall		
_____	MAFT 7042	Qualitative & Ethnographic Research	3	Spring		
_____	MAFT 7046	Dissertation Seminar Family Therapy	3	Fall		
_____	MAFT 7008	Systemic Scholarship	3	Fall		
_____	MAFT 7009	Improvisation in Creative Systemic Studies	3	Summer		
_____	MAFT 701	After Therapy: Developing Alternative Professions	3	Fall		
_____	MAFT 7013	The Art of Creative Transformation	3	Fall		
_____	MAFT 7015	Absurdity, Nonsense, & play in Creative Syst. Stud.	3	Summer		
_____	MAFT 7099	Dissertation	12	Sum/F/S		
TOTAL SEMESTER HRS: _____	<b>TOTAL = 60 Hours</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:** \_\_\_\_\_

**Successful Dissertation Defense** **Date:** \_\_\_\_\_

**Approved:**

\_\_\_\_\_  
 Committee Member Signature Date

\_\_\_\_\_  
 Committee Member Signature Date

\_\_\_\_\_  
 Committee Member Signature Date

Dr. David Hale  
 Graduate Program Coordinator Signature Date

\_\_\_\_\_  
 Committee Member Signature Date

Dr. Sushma Krishnamurthy  
 Dean, Graduate School Signature Date