Graduate School GRADUATE DEGREE PLAN

Marriage & Family Therapy

Degree Code GR-PHD-DMFT CIP: 511505



NAME: Last	First	Middle/I	Maiden	DEGREE SOUGHT	T: <u>Pl</u>	n.D. Cata	log Yea	nr: 2022-2023	
ADDRESS:	ADDRESS: ———————————————————————————————————							Therapy	_
SEMESTER/TERM AND YEA	AR OF FIR	ST ENROLLMI	ENT IN U	LM GRADUATE SCHO	OL: S	Gemester _		Year	
Grad/Undergrad deficienc	ies to	Required Courses	Course	Title	Cr.	Sem offered	Grade	NOTES	
oc completed.		MAFT 7000	Family Sys	stems I	3	Fall			
		MAFT 7002	Family Sys	stems II	3	Spring			
		MAFT 7010	Family Th	erapy I	3	Fall			
		MAFT 7012	Family Th	erapy II	3	Spring			
		MAFT 7014	Couple &	Marital Therapy	3	Spring			
		MAFT 7020		ily Therapy & Hum. Dev.	3	Spring			
		MAFT 7022	Family.	logy: The Social Context of	3	Summer			
		MAFT 7024		gy of Psychopathology	3	Spring			
		MAFT 7040		d Prob. in Syst. MFT Res.	3	Fall			
		MAFT 7042		e & Ethnographic Research	3	Spring			
		MAFT 7046		on Seminar Family Therapy	3	Fall			
		MAFT 7008		Scholarship	3	Fall			
		MAFT 7009	Studies	tion in Creative Systemic	3	Summer			
		MAFT 701	Profession	rapy: Developing Alternative	3	Fall			
		MAFT 7013		Creative Transformation	3	Fall			
TOTAL SEMESTER HRS:		MAFT 7015	Absurdity, Nonsense, & play in Creative Syst. Stud.		3	Summer			
		MAFT 7099	Dissertati	on	12	Sum/F/S			
		TOTAL = 60 Ho	urs			•			
TRANSFER CREDIT List all creen number, semester hours, institution,					ey appo	ear on the offic	cial transc	ript. List course and	
Comprehensive Exams Passed: YE	S/NO	Date:							
Successful Dissertation Defense	-	Date:							
Approved:									
Committee Member S	ignature Do		te Committee Member			Signature		Date	
Committee Member S	Signature Da		Dr. David Hale te Graduate Program Coordinato		r.	Signature		 Date	
		Date Graduate Program Coordinator Signature Dr. Sushma Krishnamurthy							
Committee Member Si	ignature	Da	te L	Dean, Graduate School		Signature		Date	