# University of Denver
# Morgridge College of Education
## Counseling Psychology
## Course Work Plan - Doctor of Philosophy

**Student Name** ________________________________________________ **ID#**______________________________

**Address** ____________________________________________________________ **Phone #** ____________________

**Email** ___________________________________________________________________________________________

| I. COLLEGE OF EDUCATION REQUIREMENTS | | | | COURSE NUMBER | ESTIMATED DATE OF COMPLETION | CREDIT HOURS |
|---|---|---|---|---|---|---|
| | A. FOUNDATIONS | SUBTOTAL | ________ | | | |
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| | B. RESEARCH | SUBTOTAL | ________ | | | |
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| | C. TOOLS | SUBTOTAL | ________ | | | |
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| II. PROGRAM AREA REQUIREMENTS | | | | | | |
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| III. COGNATE | | | COURSE NUMBER | ESTIMATED DATE OF COMPLETION | CREDIT HOURS |
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| IV. PRACTICUM OR INTERNSHIP | | | | | |
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| V. TRANSFER CREDIT | | | | | |
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| VI. ADDITIONAL COURSES FOR ENDORSEMENT | | | | | |
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| SUMMARY | CREDIT HOURS |
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| I. COLLEGE OF EDUCATION REQUIREMENTS | |
| II. PROGRAM AREA REQUIREMENTS | |
| III. COGNATE | |
| IV. PRACTICUM OR INTERNSHIP | |
| V. TRANSFER CREDIT | |
| VI. ADDITIONAL COURSES FOR ENDORSEMENT | |
| TOTAL | |

**Date** _____

**Student's Signature** _____

**Advisor's Signature** _____

**Cognate Advisor's Signature** _____